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CHEMIST & DRUGGIST

The newsworthy for pharmacy

October 26, 1991

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COUNTER
INSIDE



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Comment

If PSNC was looking to start this year's remuneration talks off on a more positive note it might have been politic to accept the "derisory" £650,000 in fees the Department of Health is offering for a contractual syringe and needle exchange scheme, even though it is not what contractors might have expected. If in eight months of negotiation PSNC has failed to shift the Department from its initial position, then it might be an indication of what can be expected later in the year.

Now the window for an Autumn election has passed, the likelihood that the working party report on the future of community pharmacy will be published shortly has risen significantly. It is what the pharmacist members of the working party have been publically anticipating. It will be an indication of how interested the Department is in utilising the pharmacist's skills in reaching towards some of the objectives it has set itself in the healthcare field. And it will add an interesting slant to PSNC's discussions with the Department on remuneration for 1992-93. Addressing Co-operative pharmacists recently PSNC secretary Stephen Axon (who is also a member of the working party) anticipated some quick footwork if contractual payments for extended roles are to be in place for next year. He also recognised that practical methods will have to be devised for allocating payments to

those pharmacies that provide particular services.

PSNC is, as usual, playing all its cards close to its chest, although from what Mr Axon has suggested it will still be using established parameters to define any submission it makes: recruitment, retention and motivation; the level of inflation; Treasury policy; awards from the review bodies, and the political climate. None of this, although obviously fundamental, inspires much confidence for a forward-looking approach. Within PSNC the various factions are recognised for their independent lines of thought. This cannot help but hinder the more ambitious type of submissions which, for example, the Pharmaceutical General Council has been able to make in Scotland.

From the odd hint dropped by officials, the Department will be sticking very much to the "value for money, patient benefit" formula in anything that comes out of the working party report. There also seems to be indications that the DoH knows what it wants out of this round of talks, and is not prepared to give PSNC much leeway. However, what may be on the cards, at last, is a shift from a fee-based system of payment to a more service orientated package, something anticipated over two years ago by the change in regulations made by the then Health Secretary Kenneth Clarke.

PSNC rejects DoH's offer for needle exchange...

The Pharmaceutical Services Negotiating Committee has rejected the fees being offered by the Department of Health for a contractual syringe needle exchange scheme, which work out at about £650 per pharmacy per

annum.

PSNC had welcomed Health Secretary William Waldegrave's announcement at the LPC dinner in February of a £1.3 million allocation for pharmacies to take part in the scheme.

But the Committee has since learned that the Department intends to spend only £650,000 on fees, with the remainder split between the purchase of Intercoobra sharps disposal containers and the collection of bins.

Working on an average of ten pharmacies per FHSAs taking part in the scheme, the total number is expected to be 1,000, giving each an annual payment of £650.

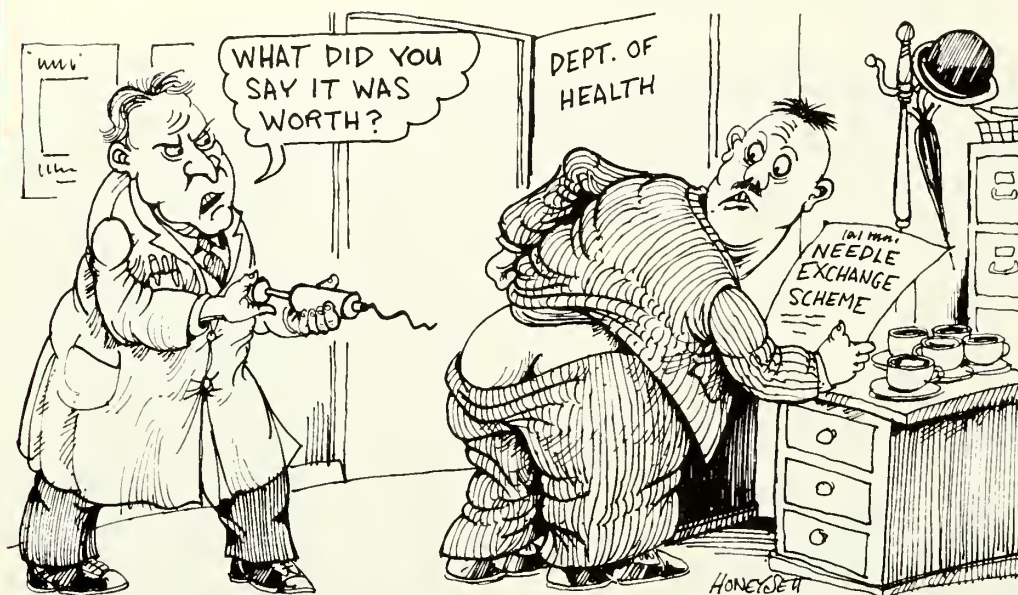
PSNC has been negotiating with the Department over the last eight months to get the fees increased, and received the final, unchanged offer on October 14. This was discussed at PSNC's meeting last week. Chairman David Sharpe says: "The Committee decided, after a long and vitriolic debate, that it would not accept the £650. It felt it had been misled by the Secretary of State's announcement."

Mr Sharpe had written to William Waldegrave on learning that the £1.3m offer was in reality only half that, and had received an apology for the misunderstanding.

He says: "Members of the Committee who are taking part in current local schemes said they would rather carry on for nothing on a voluntary basis, rather than be paid what they feel is a derisory sum on a contractual basis."

"In the 14 years I have been chairman, I have never known such a strength of feeling on a DoH offer on any particular subject."

PSNC normally accepts the fees offered by the DoH, as in the case of PMRs and residential homes, and then negotiates to improve the package. But although it agrees with the principle of a national needle exchange scheme, PSNC feels it cannot continue to accept derisory sums of money for what, in many circumstances, can be quite a dangerous situation.



... and responds to Green Paper

Welcoming the "Health of the Nation" Green Paper as a long overdue recognition of the need for a strategy for health in Britain, the Pharmaceutical Services Negotiating Committee agrees that the NHS's most important objective over the next decade is to begin a shift towards emphasising prevention rather than cure.

PSNC believes the approach outlined in the Green Paper, based on the selection of key areas and targets, is a useful way to address the issue in the short term. The major problems will be caused by the lack of coordination between the various elements both within and outside the NHS who will be needed to contribute to the strategy, it says.

PSNC further believes that the strategy should take account of the expertise offered by community pharmacy and of the future role working party's recommendations.

Community pharmacy could contribute in:

- **Screening and monitoring** PSNC visualises a more widespread and co-ordinated system for cholesterol testing, blood pressure monitoring and detection of diabetes. It suggests that pharmacists continue to provide these tests on a commercial basis, but that FHSAs should subsidise

this in return for the development of a formal referral system for patients who may be at risk and for detailed records of the tests and their results.

Purchaser units within the NHS should be further encouraged to contract out testing services to community pharmacies.

- **Health education and promotion** FHSAs should be encouraged to use the advantages of the community pharmacy to put across the health education message, in ways ranging from periodic displays to the FHSAs "purchasing" an area for a permanent feature.

- **Safe and effective use of medicines** PSNC recommends that

more attention is paid to this when considering ways of reducing preventable morbidity. Community pharmacists should have a central role in this.

- **Development of a health strategy** PSNC cautions that the cumulative approach is not a substitute for re-education which is "genuinely needed".

PSNC says that any of the areas listed in the table below could be selected as key areas, but it would be "sensible" to select a small number initially to test the procedures for setting targets and initiating activities to achieve them. It suggests three: coronary heart disease, strokes and smoking.

Table. Possible contribution of community pharmacy

- Coronary heart disease: cholesterol testing, health promotion, lipid lowering medicine compliance
- Stroke: blood pressure screening, medicine compliance
- Smoking: health promotion, sale of Nicorette
- Eating and drinking habits: health promotion
- Prevention of accidents: advice on safe use of medication
- Health of pregnant women and children: wide range of services
- Diabetes: screening, help and counselling with medication
- Mental health: domiciliary visits to advise on the use of medicines
- Communicable diseases other than HIV/AIDS
 - a. preventable by immunisation: health promotion
- Rehabilitation services: domiciliary visits to supply and advise on medication, supply of oxygen to home, appliances for stoma and incontinent patients
- Asthma: peak flow monitoring, counselling on use of medicines and appliances

Canny Scots?

The Pharmaceutical General Council is trying to forestall the total removal of the section concerning the advertising of pharmaceutical services from the NHS regulations in Scotland.

The Department of Health in London has proposed the abolition of the section in question in England and Wales, but the PGC has written to the Scottish Health Department proposing instead that the rules should be altered to take account of present day practice.

"A wider degree of advertising is inevitable," says PGC secretary Colin Virden. "We want all contractors to start from a level playing field which would allow all to advertise to the same extent."

The report of the working party on the future role of community pharmacy could influence the type of presentations pharmacists might wish to make, he postulated. A meeting has been sought with the SHHD to discuss the matter.

New format for BRM

The branch representatives meeting next year, to be held on Thursday, May 14, is to have a new format in an attempt to boost the dwindling attendances of recent years.

The Society's Council is determined to preserve the democratic nature of the meeting but says that for Council members to sit silent while motions are discussed is a discouragement to informed debate.

For next year there will be two sessions during the day. A morning session of two and a half hours will allow motions from the branches, previously agreed by the Council, to be debated in the conventional manner. The afternoon will be devoted to a series of group discussions, chaired by a Council member, on motions also submitted by the branches. The final part of the afternoon will be a plenary session for the groups to report.

Branches are still required to submit motions, the last date for receipt being January 17, 1992. The Council will agree the content and order of motions to be debated at its meeting on March 4.

Branches which submit a motion will be asked to attend a meeting to determine when in the day their motion would be best debated. Motions selected for the morning session will be those most likely to stimulate lively debate.

Dispensing doctors say fees cut pay

A row has broken out over dispensing doctors remuneration, with claims that some rural GPs could be £2,000 a year out of pocket after this year's settlement.

According to *GP*, fees were supposed to increase by 2 per cent over the year, but increased drug costs meant the Department of Health would be paying GPs 6 per cent less than the review body recommended.

These figures have been disputed by General Medical Services Committee rural practices subcommittee chairman Dr Gareth Emrys-Jones who says the award has been funded in full.

But Dr David Roberts, chairman of the Dispensing Doctors Association, says doctors could lose £2,000 a year. "Why did the GMSC not have the courage to tell us?" he told *GP*.

Script charges

The price for a prescription would be £0.46 if prescription charges had been increased in line with inflation since 1979, says Health Minister Virginia Bottomley.

In 1979 two items in every five carried a charge.

Discount inquiry implemented next April

The results of a discount inquiry will be implemented next April, the Pharmaceutical Services Negotiating Committee revealed this week, but the date of the inquiry has not yet been set.

PSNC and the Department of Health are still discussing whether the inquiry should be full blown, as in 1989, or whether it should utilise desk research methodology. The latter causes less aggravation to contractors, says PSNC, but it wishes to ensure that the information obtained in this way will not be detrimental to them.

A container cost inquiry will be implemented at the same time.

- Further attempts to get a share of the discount clawback, along the lines of the system used in Holland, will not succeed, says PSNC.

In Holland a special rule allows pharmacists who supply cheaper drugs to receive either a third or a fifth of the difference between the price they paid and the regular price. In the UK, pharmacists get paid the Drug Tariff price and the benefits of cheaper supplies of parallel imports or generics are subject to payment of clawback.

It was thought that the UK system could be challenged on this basis, but PSNC has now been advised that the Dutch system is not relevant to the British.

PSNC will continue to press for pharmacists to be rewarded for "entrepreneurial" buying activities.

- PSNC will be writing to both the Royal Pharmaceutical Society and the British Medical Association suggesting that they write a joint letter to the DoH calling for clearer guidelines on the method of inspection of residential homes and patient medication records.

PSNC says members and contractors have expressed concerns about the methods adopted by some FHSAs. "While records are the property of FHSAs, the inspection of them has considerable professional overtones," says chairman David Sharpe.

- The Committee has accepted the DoH's proposal that Article 7 of the Chemist's Terms of Service should be deleted because it clashes with the Society's Code of Ethics on the advertising of pharmaceutical services.

However, PSNC will be writing to both the Department and the Society to say that any changes to the Code of Ethics relating to advertising should be made with PSNC, who should have an opportunity to make suggestions.

The Committee will be considering the Code of Ethics in its entirety, which is up for consultation before the Society's AGM next year, at a future meeting.

- PSNC will be complaining to the Department that although it is

against a doctor's terms of service to prescribe an item from the Black List, if a pharmacist dispenses it, he or she is penalised.

"This is something we feel strongly about because this was the way the restricted list was extended to seven categories, to now include food and food-like substances and contact lens solutions," says PSNC.

- Pharmacists strongly believe that GPs are prescribing longer courses of treatment, but ongoing research shows that this is not the case, says PSNC.

Over the last three years the number of period of treatment fees has decreased as follows:

- 1988/89 — 97,200 fees per million prescriptions (£10.8m)
- 1989/90 — 91,000 (£10.5m)
- 1990/91 — 87,700 (£10.3m).

There may be an increase in this current year (1991/92), as a result of fund holding, but the figures will not be available until January, says PSNC.

PSNC acknowledges that there may be local variations, but stresses

it can only negotiate on a national basis.

- Commenting on the proposals on "Integration of primary and secondary healthcare", PSNC says community pharmacy is anxious to continue to develop and extend its contribution towards an integrated service by identifying and meeting the needs of patients through the service it provides.

Among PSNC's concerns are the following:

- FHSA pharmaceutical advisers may not have recent community pharmacy experience; LPCs can offer "valuable advice" and should not be overlooked.

- Good liaison exists between community service pharmacists, community pharmacists and LPCs, but the principle of a clear division of purchaser and provider roles should be maintained.

- This principle should also apply in the case of GP dispensing. When a GP both prescribes and dispenses scripts he is working against this principle.

Linda Stone: a 'leading lady'

Linda Stone, immediate past president of the Royal Pharmaceutical Society, is one of almost 500 distinguished women who will be attending this year's Women of the Year luncheon, held

in aid of the Greater London Fund for the Blind.

Mrs Stone has been invited to the 36th luncheon, to be held on October 28, in recognition of her services to the pharmacy profession.

Reflotron criticised in cholesterol test

Boehringer Mannheim's cholesterol measuring machine, the Reflotron, has been criticised in a letter to the *British Journal of General Practice*.

Researchers compared 489 cholesterol readings obtained with two successive Reflotrons and a laboratory tested venous sample. The Reflotron values were found to be higher than the laboratory tested venous values by an average of 0.3 mmol per litre.

Using a difference of 1mmol per litre between visits as representing a change, 25 per cent of patients at their second visit and 35 per cent at their third visit would have been given different information on their progress depending on whether the Reflotron or laboratory results were used to provide feedback.

"The Reflotron models used in our study were not sufficiently accurate or consistent to assess changes in a patient's cholesterol levels over time." The results of the study therefore suggest that measuring capillary cholesterol by the Reflotron is not useful for monitoring long-term responses to drugs and diet in hyperlipidaemic patients."

In a statement, manufacturers

Boehringer Mannheim said the letter describes a study first published as a "poster" in 1988. Their initial reactions are that the conclusions can be challenged on two counts:

- "Quality control assessment showed that both the standard laboratory and Reflotron procedures were accurate and precise. Therefore it is probable that the difference in results was due to biological variations in the samples, caused by the differing methods through which they were obtained." Differences in cholesterol can vary with venous and capillary blood, the use of a tourniquet, and the dilution of capillary blood by other body fluids.

- The difference in results from the two Reflotrons used sequentially may be due to procedures on the first instrument used an accurate standard laboratory pipette while the second used an early-model capillary tube, a method already under question.

The company says that there are many other studies which attest to the accuracy and reliability of the Reflotron, including evaluations by the Department of Health.

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Pharmacists could help increase flu vaccine uptake

Pharmacists could help GPs increase the uptake of flu vaccinations by using patient medication records to identify those patients at risk and alerting them to the need for vaccination, according to Dr Sandy Macnair, medical advisor to the Influenza Monitoring and Information Bureau.

Dr MacNair was talking to *C&D* following the launch of Flu Awareness Week (October 21-27) which aimed to increase awareness of the need for vaccination among "at risk" groups. He said that because pharmacists were not always directly involved in dispensing vaccines there was little incentive for them to promote vaccination. "However, if they have any sense of responsibility they should be asking the question 'Have you had a flu vaccine?'," he said.

The launch of Flu Awareness Week also revealed how pharmacists in Colorado had been involved in a successful campaign to increase vaccination. Dr Stephen Mostow, from the University of Colorado, told how businessmen, hospital administrators, pharmacists and the media had been involved in an Influenza Alert Campaign, by-passing the medical profession and delivering the message direct to the public.

Vaccine stations were set up in grocery stores, county clinics, pharmacies and doctor's offices and clinic schedules were announced in newspapers and on radio and TV. An "influenza hotline" allowed people to find out where and when they could be vaccinated. Posters were displayed in pharmacies and a reminder was printed on prescription bags and till receipts.

The aggressive US approach has paid off. In the year prior to the scheme's initiation only 32,000 doses of vaccine were used and there were 16,000 cases of flu. Six years later more than 104,000 doses of vaccine were used and only 5,300 cases of flu. In addition, flu-related mortality rates were less than predicted.

Dr Mostow believes the UK can adopt a similar policy although it will need greater flexibility on the part of the Government and medical organisations as well as increased use of the media.

Currently in the UK, the Department of Health advocates vaccination for patients of any age who fall into a risk factor group:

- Chronic respiratory disease, including asthma
- Chronic heart disease
- Chronic renal failure
- Diabetes or other endocrine disorders
- Immunosuppression due to disease or treatment.
- Residents of nursing homes and old peoples' homes.

Although this amounted to around 10 million people in the UK, last year approximately 4.5 million vaccines were used, said Dr Macnair. Low levels could be attributed to a number of factors, he said, including the fact that many people were unaware that they should be vaccinated against flu. In addition, disappointing results of some flu trials could be due to flawed methodology, he added.

Flu Awareness Week saw 300,000 leaflets and 25,000 posters being distributed via local health authorities to GP surgeries, hospitals, pharmacies and libraries.

The poster will be making a "guest appearance" in the BBC TV programme "Eastenders". A "Flufone" voice-activated pre-recorded telephone message provided flu-related information.

■ Plans have been revealed for a trial of 12,500 patients over the age of 65 to test the efficacy of vaccines against flu and streptococcal pneumonia. The trial, due to start in September next year, will involve three hospitals in London. It also plans to study side-effects and the speed of the immune response in the elderly after vaccination compared to younger patients.



The 22nd *Chemist & Druggist* seminar was co-sponsored by Almay Hypo-Allergenic on hypo-allergenic skincare when three papers were given. Pictured here are the presenters (from left to right): Dr Ian White, consultant dermatologist, St John's Dermatology Centre, marketing manager Leslie Semper-White, who wrote the paper given by Cherie Wilson, training manager (far right), and Ian Purdy, group project manager, skincare

Trust patients get medicines through GP alleges MP

Some kidney patients being treated by the Freeman Hospital Trust on Tyneside are being "short changed" through being required to pay for their own prescriptions, Jim Cousins (Lab) told the Commons on Monday.

He said they were being told to collect prescriptions from their GPs at a cost of £3.40 and take the medication back to the hospital "for storage".

Mr Cousins said the chairman of the Freeman Hospital Trust had stated: "It is not a question of the Trust avoiding necessary expenditure or endeavouring to deflect the revenue burden into the primary care sector. It is, however, a question of choice and determination of priorities within a given resource allocation."

Mr Cousins made his charge during a debate in which the Government secured a majority of 77 for a motion accusing Labour MPs of "peddling smears and

scares" about the Government's intention to privatise the NHS.

William Waldegrave, the Health Secretary, condemned Labour MPs for conducting a "scurrilous campaign" based on falsehoods. He reaffirmed John Major's recent pledge that so long as he remained Prime Minister there was no question of the NHS being privatised.

Diabetes warning to Asians

A radio campaign to warn Asian people of the dangers of diabetes is being launched this week by three West London family health service authorities — Hillingdon, Ealing, Hammersmith & Hounslow and Brent & Harrow.

The £8,000 campaign is running on Sunrise Radio, which reaches over 70 per cent of the Asians in the area. It combines a catchy radio commercial (in English

More Community Trusts in second wave

The second wave of NHS Trusts announced by Health Secretary William Waldegrave last week includes more Community Trusts than before — the first units to gain Trust status were mainly institutional based.

Second wave NHS Trusts include Bradford Community Health Trust, Doncaster Healthcare Trust, Barnet Community Healthcare, and Exeter Community Services.

A Community Trust is impossible to define, South Western Regional Pharmaceutical officer Dr Dave Elliott told *C&D*. In his region it centred around looking at patients in homes rather than institutions. The care involves many mentally ill patients and the elderly, for example, who are usually linked to a GP who prescribes on FP10.

Dr Elliott said that with Trust status there will be no implications for a change in either the types of pharmaceutical services offered to patients or the pharmacist's role.

Community Health units in the Trent region are services decentralised from hospitals, and include community nursing, clinics and school health services, Trent RPhO Tony Furber told *C&D*.

These units currently receive pharmaceutical services from hospitals. Although Trust status will not directly affect the pharmaceutical services, it will provide greater freedom to develop services, he said. In the future, more integration with the Family Health Services Authority was possible.

Trent RHA has just set up a small task group to look at the strategic framework for both hospital and community pharmacists throughout the region, most importantly considering the FHSA.

■ A further 99 hospitals and health units, along with four London teaching hospitals will become NHS Trusts on April 1 1992. Mr Waldegrave announced last week. He also agreed that 153 more hospitals and health units could apply for Trust status from April 1993.

and Hindustani) with six chat shows when local Asian doctors will answer questions on Asian health.

A special phone line will operate throughout the campaign, with leaflets in English and six Asian languages is being sent to callers.

GPs throughout the three areas are being told about the campaign and are being given additional material on diabetes to give to patients.

NW Thames head lice guidelines

North West Thames Regional Health Authority has published optional guidelines on head lice treatment which recommend the use of phenothrin (Full Marks) as the insecticide of choice.

The guidelines have been circulated to community service pharmacists and professional nursing staff. Leaflets for patients are also available.

Full Marks lotion is advised except for individuals with eczema, asthma, or other skin problems, or where safety is a concern, when the shampoo may be used.

NW Thames say that Full Marks is the treatment of choice because it:

- is available as a lotion
- can be used from the age of six months without medical supervision
- can be used by pregnant and breastfeeding women
- has a license for use in the treatment of pubic lice.

Copies are available from Beverley Harrison, community drug information pharmacist at Northwick Park Hospital on 081-869 2763.

SMA recall

Wyeth are recalling two batches of their SMA powders. Some users have noticed a slightly unusual aroma or taste, caused by a production problem which has since been rectified. The nutritional quality of the batches is unaffected, say Wyeth.

The affected batches are 01071 (SMA gold 450g and 900g) and 02071 (SMA white 450g and 900g). The numbers are embossed on the base of the can, and printed on the outside of the case.

Pharmacists are asked to withdraw the product from sale and contact Wyeth Customer Service Department on 0628 604377 to arrange credit/replacement stock.

Amoxycillin

A report has been received by CP Pharmaceuticals that a bottle of amoxycillin oral suspension AP 125mg/5ml (sugar free), batch 2431 PL 0530/0308 has been found to carry a label for the non sugar-free formulation, and therefore to have incorrect reconstitution instructions.

Pharmacists are advised to check their stocks of this batch to ensure that they are correctly labelled as the sugar-free product. Any incorrectly labelled bottles found should be returned for replacement to:—

The quality manager, CP Pharmaceuticals Ltd, Freeport, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9BR.



have product licences and be subject to the same ethical and legal restrictions as all other medicines.

Doubling up on dispensary stock again

Searle have just launched the inevitable evolutionary product to Cytotec (C&D October 19, p659). Napratec, a combination of Cytotec and naproxen, is the ideal solution to the dilemma of the arthritic patient who requires a change of therapy. At £18 for four weeks treatment the price is cheaper than for the two drugs prescribed independently but my stockholding will, as usual, increase while Searle will immediately sell more Cytotec for little further investment. Think of the potential...Ibuprofen, Piroxicam, Indometacin, Diclofenac, Ketoprofen. The combinations are endless and with each, another 10,000 packs of Cytotec sold? I presently stock two 112 tablet packs of Cytotec, and with complementary generic non-steroidals that should be sufficient!

Rare praise

It is nice to be able to praise a patent manufacturer for a change. Sterling Health have come up trumps with Andrews Antacid tablets. As their representative freely admitted they are a completely unnecessary addition to the indigestion market but have you tasted them? A simple antacid formulation for over-indulgence but one which tastes pleasant from start to finish and does not leave you with a mouth full of chalk. They remind me of those refresher sweets we used to suck on the way to school and I will certainly recommend them in favour of their less palatable competitors.

When is a medicine not a medicine?

Perhaps I was being too generous to Colgate-Palmolive last week in suggesting that they restrict sampling of Actibrush to women's journals or direct invitation. Actibrush is classified as a "cosmetic", but if you read the instructions on the back of the bottle, it appears to be of "medicinal quality." Under the draft Code of Ethics, issued for consultation by the Royal Pharmaceutical Society, pharmacists should not encourage the promotion of medicines by mail order, which includes door-to-door distribution.

When, however, is a medicine not a medicine? All anti-plaque mouth rinses except Search appear to be marketed without product licences yet, quite clearly from their instructions, have a medicinal use. Marketed as a cosmetic, the expense and strictures of applying for a product licence are avoided but just as importantly the onerous ethical restrictions governing the promotion of medicines do not apply.

I believe something is seriously amiss when similar formulations of products can have different legal classifications. To me mouth rinses are medicines, should all

A corporate limit needed on pharmacy ownership

It seems that the battle for Macarthy is back in the melting pot. Both Lloyds and Unichem have been temporarily thwarted with their bids being referred to the Monopolies and Mergers Commission, and Grampian is taking the opportunity to raise their bid to the highest yet in an attempt to reach the tape before their competitors have left the starting blocks.

Meanwhile, the M&MC has placed an advertisement in the C&D inviting evidence and views on the proposed acquisition by Lloyds Chemists plc and Unichem plc of Macarthy plc. In the wheeling dealing world of high finance I am sure my opinions will be deemed irrelevant, but all four companies are public limited companies whose motivation for success lies in the financial well being of their shareholders. In any plc, if maximising profit is neglected in favour of a more altruistic policy then the whole company is susceptible to a hostile bid from a predator who may win by promising the shareholders a better deal than that which they have achieved under the previous management.

The issue of monopoly will be considered by the Commission in the light of public interest, but whereas changes in professional service may be taken into account I see no reason why any effects on the profession will be considered since it is the individual pharmacist who is responsible for the ethical control of his own professional activities. It is impossible in community pharmacy, however, to totally divorce professionalism from commercialism and the reality is that when profit is the prime motivation then professionalism takes second place. The true public interest would be best served if none of these bids, including Grampian's, was allowed to proceed and a ceiling placed on future corporate ownership of pharmacies, because in the battle between the publically quoted companies pharmacy the patient will be the loser with the god Lucre ascendant in all directions.

Topical REFLECTIONS

Would you recommend a No.2 painkiller to your No.1 customer?



Numerous clinical studies have settled the issue:

Nurofen is one of the most effective analgesics you can recommend for pain. Even your own.

Nurofen (ibuprofen) is more effective than aspirin or paracetamol in relieving headaches, dental pain, period pain, flu symptoms, — in short, most common indications. And, unlike paracetamol and codeine, Nurofen is anti-inflammatory.

This efficacy is accompanied by an equally good safety record. In overdose, Nurofen is safer than either aspirin or paracetamol and has been shown in clinical trials to have a better tolerability profile than aspirin in normal doses.

Also, Nurofen is rapidly excreted and is less likely than aspirin to have an adverse effect on the gastrointestinal tract.

So it's no wonder that Nurofen, supported by a £5 million TV campaign, appeals to more and more people. We hope you recommend it. Because, when you really compare Nurofen to any other analgesic, we think you will come to the inevitable conclusion. There's no comparison.



We invite comparison

Scriptspecials

Rhinolast nasal spray is antihistamine

Asta Medica have launched Rhinolast, a nasal spray containing the antihistamine azelastine.

This is both a mediator inhibitor and blocker, and is indicated for use in allergic rhinitis. It is said to provide "lasting relief" from symptoms within 15 minutes.

Rhinolast is administered topically at doses which are not systemically active, thereby avoiding the problem of sedation commonly associated with oral therapy. A further "plus" is that it needs to be used only on symptomatic days, say Asta Medica.

Manufacturer Asta Medica Ltd, 168 Cowley Road, Cambridge CB4 4DL

Description Buffered, isotonic, slightly viscous, aqueous solution for nasal delivery of 0.14mg azelastine hydrochloride per



actuation. Rhinolast also contains methyl hydroxypropyl cellulose, sodium edetate, benzalkonium chloride, citric acid and sodium

phosphate

Uses Treatment of perennial and seasonal allergic rhinitis, including hay fever

Dosage Adults and elderly One 0.14mg (0.14ml) application into each nostril twice daily. Children Insufficient data

Contra-indications, warnings, etc Patients with a proven allergy to any of the components. Not recommended for use during pregnancy or lactation

Side-effects Irritation of the nasal mucosa. Taste disturbance

Supply restrictions POM

Pack Carton 10ml bottle with metered pump device £6.40 (trade); Patient Information Leaflet supplied

Licence number 8336/0039

Issued October 1991

Ibugel for topical pain relief

Dermal Laboratories have introduced Ibugel, a topical analgesic and anti-inflammatory treatment for backache and rheumatic and muscular pain, which they claim is the first ethical gel presentation of ibuprofen.

The product, a Pharmacy medicine intended for prescription use, comes as a clear, non-greasy fragrance-free, colourless gel containing 5 per cent ibuprofen. It is packed in 100g aluminium tubes (£6.70 trade), licence number 0173/0050.

A thin layer of the gel should be applied over the affected area and massaged in until absorbed. Therapy should be reviewed after a few weeks, particularly if symptoms persist or worsen. The gel is not recommended for use on children under 14. It should be kept away from the eyes and mucous membranes, and not used on broken skin. **Dermal Laboratories Ltd. Tel: 0462 458866.**

New s/r morphine tablets

Farmitalia are launching SRM-Rhotard, sustained release morphine sulphate tablets, on October 28.

The tablets, packaged in blister packs of 60s, come in four strengths: 10mg (£6.93), 30mg (£16.41), 60mg (£32.45) and 100mg (£51.39). They represent a 10 per cent saving over other sustained release morphine tablets, says the company.

The 10mg tablets are buff coloured, 30mg violet, 60mg orange and 100mg grey. All are round, biconvex, film-coated tablets marked "FCE" on one side and "10", "30", "60" or "100" on the

other, and incorporate the patented Rhotard sustained release system.

SRM-Rhotard is indicated for the prolonged relief of severe pain. The dosage depends on the severity of the pain and the patient's previous history of analgesic requirements (see Data Sheet). The tablets are normally given twice daily at 12 hourly intervals, and should be swallowed whole. They are not recommended for use in children.

Contra-indications, warnings and side-effects are as for similar morphine sulphate preparations (see Data Sheet).

SRM-Rhotard is a CD (Sch.2)

POM, licence numbers 10013/0007, 0008, 0009 and 0010.

● Farmitalia are extending their Pharmorubicin range with a solution for injection. The ready-to-use solution avoids the need for diluents and fewer syringes may be needed than for reconstitution.

There is a reduction in the risk to the pharmacist of cytotoxic exposure as the dispensing and thus handling time is reduced; this can save money, says the company.

Pharmorubicin solution comes in a 10mg strength (5ml £19.43) and 50mg (25ml £97.15, all prices trade). **Farmitalia Carlo Erba Ltd. Tel: 0727 40041.**

Medical Matters

Aids drug

A new drug for treating patients in the advanced stages of AIDS is expected to be approved by the Committee on Safety of Medicines early next year, according to *Pulse* (October 19).

Diclanosine, also known as Videx, helps to build up the number of white blood cells in patients with late stages of AIDS, and has already been approved for use in Canada and the US, says the report.

The drug has already been given to some patients in Britain on a restricted basis and as part of an international programme involving 30,000 AIDS sufferers.

Viral effects

In real life, infections do not occur in isolation and need to be viewed in the context of the previous and concurrent experience of the immune system, according to an editorial in the *BMJ* (October 19).

The presence of pathogens alone is often insufficient to produce illness, but the sheer number of clinical and subclinical infections that occur in the first years of life alone make simultaneous infections common.

The editorial links the common

continued on page 702

Name change

Convatec have changed the name of their Stomadress one piece drainable pouch for paediatric use (S880 8mm starter hole, 15 £25.65 trade) to Little Ones one piece drainable pouch, the name listed in the Drug Tariff. All other information remains the same. **Convatec Ltd. Tel: 0895 678888.**

Retrovir syrup

Wellcome have launched Retrovir syrup (200ml £21.64 trade), a clear pale yellow syrup containing 50mg zidovudine per 5ml. Each pack comes with a 10ml oral dosing syringe. This follows the UK licence extension to include children over three months. **Wellcome Foundation Ltd. Tel: 0270 583151.**

Napratec: two fees

PSNC says that the Napratec combination pack introduced by

Searle, containing 56 naproxen tablets 500mg and 56 misoprostol tablets 200mcg (**Script Specials**, last week), attracts two dispensing fees and two prescription charges.

Price reductions

Kabi Pharmacia are reducing the prices of three of their products to the following: Relaxit 4s (12 £1.15), 12s (12 £1.68) and 100s (12 £14.97); Indomod 75mg 30s (£7.71); and Kabiglobulin 2ml (£2.85), and 5ml (£6.15, all prices trade). **Kabi Pharmacia Ltd. Tel: 0908 661101.**

Dioctyl difficulties

Difficulties with the production of Dioctyl tablets continue, and Medo Pharmaceuticals are working towards resolving them. Dioctyl solution, however, remains readily available. **Medo Pharmaceuticals Ltd. Tel: 0494 772071.**

Imigran refill

Glaxo have launched a refill pack for their Imigran injection treatment pack. The refill pack (£39.14 trade) contains two pre-filled 6mg syringes, which can be used with the auto-injector provided in treatment packs, as well as a Patient Information Leaflet giving instructions on how to use the auto-injector. **Glaxo Laboratories Ltd. Tel: 081-990 9444.**

Portable Sharpsbin

Daniels Health Care have launched the Mini Sharpsbin, a portable sharps container conforming to the 1990 British Standard for Sharps Containers (24 £18 trade). Mini Sharpsbin is recommended for diabetics and drug misusers, says the company. **Daniels Health Care. Tel: 0442 82 6881.**

We're re-launching Hill's Balsam.

(See box for details.)

Both you and your customers are going to be seeing a lot more of Hill's Balsam. The traditional cough remedy is about to be backed by national press advertising, a trade drive and, most importantly, a regional television campaign.

And it won't just be the adult medicine that gets a starring role. The promotions will also feature the Junior Expectorant and Pastilles.

So we expect you'll want plenty of Hill's Balsam appearing on your shelves, in which case simply call Windsor Healthcare on 0344-484448 and watch this space.



 WINDSOR HEALTHCARE LTD

WHO trial shows reduction in RU486 dose is possible

A clinical trial conducted by the World Health Organisation has shown that the dose of mifepristone (RU486) can be reduced by at least two thirds without a reduction in efficacy, says a report in the *BMJ*.

A total of 1,188 women were divided into three groups, one given 600mg of mifepristone, and the other two either 400mg or 200mg; all received the same dose of prostaglandin about two days later.

All three regimens were equally effective, producing complete abortions in about 95 per cent of the women.

Small studies have suggested a further dose reduction to 150mg may be possible; this dose will be incorporated in a new WHO trial.

Over the last ten years, the mifepristone-prostaglandin combination has been implicated in three cases of cardiovascular

complications.

Roussel, who make mifepristone (Mifegyne), say it is the prostaglandin that may trigger these problems. In addition, they fear the rate of failed abortions would rise with lower doses of mifepristone. Their own studies show that mifepristone alone at a dose of 200mg produces complete abortion in 63 per cent of women, compared with 89 per cent on 600mg.

Over 50 pc have raised cholesterol

Over 50 per cent of the general public have cholesterol levels above the desired level of 5.2 mmols per litre, according to the Family Heart Association.

And a survey has revealed that one in 10 of the population have three or more coronary risk factors putting them at increased risk from heart disease. Yet 71 per cent of these have never checked cholesterol levels.

These findings were announced to coincide with the launch of Cholesterol Countdown Week (October 21-25) which aimed to raise awareness of the importance of cholesterol as a risk factor in heart disease. This year's theme was "5.2 — Know your number".

Awareness of cholesterol in the UK is improving, the survey found, with 15 per cent of people identifying it as a risk factor for heart disease. However, the UK falls behind the USA, Austria and France when it comes to having cholesterol levels checked.

• Researchers into familial hypercholesterolaemia and deaths from heart disease have advocated cholesterol screening for all. A *BMJ* study showed that high-risk patients could miss a quarter of those with raised cholesterol.

Tamoxifen trial extended

The trial of tamoxifen in breast cancer prevention is soon to be extended nationally.

A feasibility study at the Royal Marsden Hospital is about to finish. Nearly 1,500 women, aged between 35-65 and with a close relative who had had breast cancer, took part. There were no problems recruiting

the women, compliance was good and toxicity was low on the 20mg daily dose, says Dr Jane Davey.

A multicentre national trial, due to start before the end of the year, aims to recruit 10,000 women and will continue for five to ten years.

Marcus Galea, surgical research fellow, Nottingham City Hospital

breast unit, explained how the treatment of benign breast lumps is changing. At his unit, lumps are no longer removed in women over 35, providing they are less than 3cm in size and the physician is satisfied that there is no malignancy.

Talking on cyclical breast pain he said evening primrose oil was the only first line treatment that had been proved useful in a controlled clinical trial. Danazol was the best of the second line hormonal treatments but it had received a bad name because of the side-effects with too high doses. He recommended a dose of 100-200mg daily for 3-6 months.

continued from p700

cold virus as one of the factors converting carriage to diseases, for example meningitis; cold viruses may also modify the response to other viral agents.

One recent study is mentioned where young children received standard measles-mumps-rubella vaccine. Ten out of 47 (21 per cent) with symptoms of upper respiratory infection showed no detectable antibody response to the measles component of the vaccine compared with only one out of the 51 (2 per cent) asymptomatic controls. However, current advice to doctors and parents is that afebrile colds do not contra-indicate vaccination; the study points out failure to vaccinate has contributed to measles outbreaks in the past.

The HIV infection now provides some of the most florid cases of dual infection too, because of its effects on CD4+T cells.

But the majority of mechanisms by which dual infections enhance disease are open to speculation, says the *BMJ*. Some may be due to the production of interferon; physical effects at the epithelial or mucosal site of entry may be an important factor, and antigens may compete for the attention of the immune system after entry into the host.

Most pathogens have probably evolved elaborate molecular methods of interfering with the immune response, and the host may well have molecular counter-stratagems which might be relatively specific to a single infecting agent. The complexities of the processing and presentation of antigens are only recently becoming clear, while the functioning of the known network of immune cytokines are so complex that effects in intact lymphoid organs are almost impossible to predict, says the *BMJ*.

Nocturnal erections with omeprazole

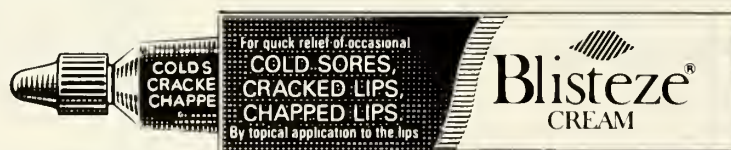
Painful nocturnal erections without an increase in libido developed in a 77 year old man treated with omeprazole 20mg once daily, according to a letter to *The Lancet* (October 19).

The symptoms disappeared when the drug was stopped after six weeks, but when subsequent intermittent doses were given, painful erections persisted for 36 hours, the time during which omeprazole inhibits acid secretion.

The patient was also using transdermal glyceryl trinitrate but this was excluded as a possible cause because its use was continuous, even after the sexual disorders disappeared.

Although omeprazole has a minor inhibitory effect on the synthesis of adrenal steroids, it is not otherwise known to have important clinical effects on endocrine or sexual function, say the authors.

BRAND LEADER • FOR COLD SORES, CRACKED AND CHAPPED LIPS • HIGH PROFIT MARGINS
NEW ADVERTISING CAMPAIGN THROUGHOUT WINTER IN NATIONAL PRESS AND TEENAGE MAGAZINES



BLISS FOR TROUBLED LIPS

Take ASPRO and you'll notice the improvement straight away.

Aspro has always been known as the fast acting pain reliever. Now the brand is also available with paracetamol formulations and its packs have been re-designed to look even more modern (although still clearly recognisable).

So it will have equally rapid effects in other areas too. Your sales and profits, for example.



Counterpoints

ProSport gets a bright new image



Seton products have relaunched their ProSport elasticated sport supports range with new packaging and point of sale material.

The new packs are brighter and convey the product benefits more effectively, says the company. New point of sale

includes two display units — a counter/shelf unit and a free-standing unit — plus window stickers and shelf strips.

A fabric sample will be fitted to the front of the counter unit to enable customers to feel the product. It also comes with a

free tape measure to help customers and staff select the correct size support.

Also new is a consumer leaflet which contains an exercise guide. Advertising and a PR campaign will further promote the brand, say **Seton Products**. Tel: 061-652 2222.

Seven Seas promote healthy skin

Seven Seas have joined forces with *Hello!* magazine to promote their one-a-day pure cod liver oil capsules.

The promotion with the magazine coincides with the

start of Seven Seas' Healthy Skin campaign, which emphasises the use of cod liver oil. It is also being supported by television and radio advertising, regional Press competitions with prizes of nutrition books and a Healthy Skin checklist on how to maintain a healthy skin. **Seven Seas Healthcare**. Tel: 0482 75234.

Durex key rings!

LRC Products have introduced five fun Durex key rings for Christmas.

Each of the key rings carries a Durex Safe-Play condom encapsulated in plastic, together with an instruction leaflet. Each is illustrated with a cartoon character and a fun, but serious message — "Software for your hardware", "Avoid Aids — condoms help" are two examples.

They are in 25s (five of each variant) at £29.50 (RSP £1.90-£2.99). **LRC Products**. 081-527 2377.

Kyomi on TV again

Elida Gibbs are supporting their deo-perspirant Kyomi with a second burst of television advertising.

The £1.1 million campaign will run for two months in the lead up to Christmas. A £350,000 Press campaign also runs until the end of the year.

To coincide with this is a coupon drop to over 10 million households nationwide.

Elida Gibbs claim the brand has gained a 6 per cent market share since its launch in April. **Elida Gibbs**. 071-486 1200.

Cannon add Avent Babar set

Cannon Babysafe are introducing an Avent Babar feeding gift set.

Retailing at £6.99 the set includes Babar trainer cup, melamine bowl, fork and spoon and an on-pack

Infant goat's milk enters UK market

An infant formula based on goat's milk rather than cow's milk is being introduced to the UK after being sold in New Zealand and Australia for the past two years.

Nanny goat milk complies fully with international regulations for infant formulae and meets World Health Organisation and American FDA standards. Frontier Marketing Ltd, the UK and European distributor, say there is growing concern among mothers as to the source of the milk used in infant formulae. Questions have arisen over such issues as BSE and whether pasture land has been exposed to radioactive contamination. Nanny goat milk is produced by Dairy Goat Co-operative (New Zealand) Ltd from the milk of goats fed on unpolluted pastures who have not been given stimulants, steroids or growth enhancing drugs.

The milk is also suitable for babies allergic to cow's milk and for Asians who wish to avoid this type of product. The ingredients include lactose adjusted to be the same as in mother's milk, goat's milk solids,

vegetable oils, lecithin to produce instant dissolving action, taurine, L-carnitine, ascorbyl palmitate (an antioxidant which is converted in the milk to vitamin C) plus other essential vitamins and minerals. The protein level of goat's milk has been reduced to one much nearer that of human milk to avoid overloading the kidneys.

A 400g tin of powder (£4.95) provides about a week's supply and has a two year shelf-life when unopened. Sales into the pharmacy and grocery sector will be handled by the brokerage company Russell Marketing Ltd who will be using the major pharmacy wholesalers.

Because the marketing of infant formulae is strictly controlled, promotion will be directed towards health professionals such as midwives, hospitals and local authorities, and public relations will be used to bring Nanny to the attention of consumers. There are plans eventually to introduce a follow-on milk. **Frontier Marketing Ltd**. Tel: 081-367 7676. **Russell Marketing Ltd**. Tel: 0352 59293.



mobile.

Also new is an orthodontically-shaped silicone teat, said to resemble the natural shape of a nipple more closely. The teats come blister packed in

twos for £1.49.

Replacement teats for the Avent soft spout trainer cup and bottle are now available in a blister pack of two (£1.99). **Cannon Babysafe**. 0787 280191.

Pant liners fuel sanpro market growth

The number of women using both sanitary towels and tampons has doubled since 1982: they are now used by 41 per cent of consumers, according to the latest report on the sanitary protection market from Mintel.

The sanpro market, worth £162 million in 1990, is continuing to grow despite a plateauing in the number of menstruating women, say Mintel. Since 1986 the market has grown by an average of 1.8 per cent annually, mostly fuelled by extended product use outside the menstrual cycle and greater frequency of product change.

Since 1987 the divide between external and internal sanpro product sales has remained stable, with tampons claiming 45 per cent of sales in 1990. Although there has been a general trend away from towels and towards tampons, say Mintel, pant liners have grown the external market in the past two years.

This factor, coupled with recent publicity linking toxic shock syndrome with tampon usage, has resulted in a more or less static split between internal and external protection.

Press on towels continue to dominate the external sector, though pant liners now account for 26 per cent of sales in this area. The reason for their growth is cited as changing consumer habits, with 26 per cent of women using them between menstrual cycles, according to Smith & Nephew. Sales of looped towels have stabilised at £3m.

In the UK the average consumer spends £10.27 each year on sanpro, compared with £7.70 in 1984. Volume sales of tampons have increased 36 per cent since 1984, an average annual increase of 5 per cent a year.

Independent research carried out by Mintel, where 926 women over 15 were questioned, reveals that 38 per cent use tampons (compared with 27 per cent in 1980), 27 per cent use press on towels (14 per cent in 1980), 16 per cent use mini-towels or pant liners (3 per cent in 1980), 2 per cent use looped towels (10 per cent in 1980). Of those who said they used tampons, 26 per cent used applicator tampons and 12 per cent digital.

The advertising spend on sanpro has grown 59 per cent over the last four years, reaching £6.4m in 1990.

The highest spending company has been Tambrands for Tampax, followed by Libresse Bodyform, reveals the Mintel report.

Distribution is moving towards the grocery sector, which now accounts for 58 per cent of value sales. Boots account for 19 per cent of sales and independent pharmacies for just 7 per cent. **Mintel. Tel: 071-606 6000.**

Lemsip gets Night Time addition from November

Reckitt & Colman are launching Lemsip Night Time on November 4. Night Time (240ml, £3.17) is a Pharmacy only liquid which should be taken as a 30ml dose either alone or added to hot water.

Each 30ml contains paracetamol 600mg, dextromethorphan hydrobromide 15mg, chlorpheniramine maleate

4mg, phenylpropanolamine hydrochloride 25mg, and alcohol 5.7ml.

Night-Time will be advertised on television from December 1 as part of a £4m spend for the Lemsip range. Further promotional support is planned, including a consumer information leaflet and POS material. **Reckitt & Colman. 0482 26151.**

Ready for battery?

Ever Ready are launching a television campaign to support their Gold Seal range.

The first showing will coincide with the Rugby World Cup final on November 2 and it will run through into the New Year.

"Forever Eddy" is the star of the £4 million campaign, which comprises three different 40 second advertisements. **Ever Ready Ltd. Tel: 081-882 8661.**

Rehydration for all the family



P3023

20 Sachets or 40 tabs

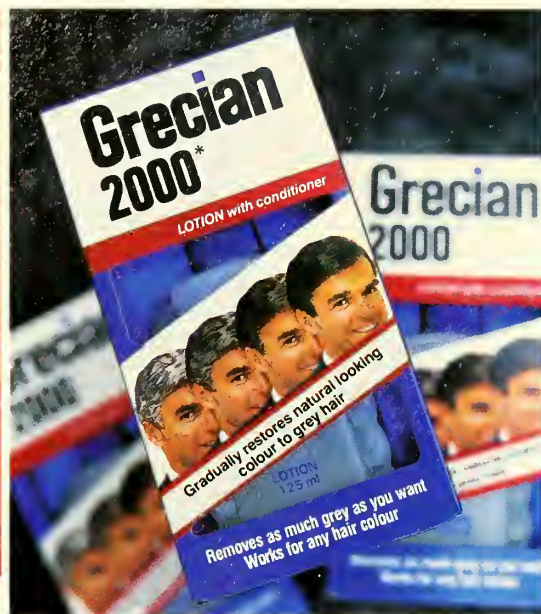
Dioralyte®

Glucose BP Sodium
Potassium Chloride BP Disodium

Chloride BP
Hydrogen Citrate BP*

TO REPLACE FLUID & ELECTROLYTE LOSS

*Sachets only. Tablets contain Anhydrous Glucose BP, Sodium Chloride BP, Potassium Chloride BP, Sodium Bicarbonate BP and Citric Acid Anhydrous BP. Full prescribing information is available from Rorer Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, East Sussex BN21 3YG



Grecian 2000 has been repackaged. The packs have three new features: a new, slightly younger male model depicting the before and after result; a new Grecian logo; and a colour coded band which differentiates the lotion from the cream. Combe International. Tel: 081-680 2711.

Persil advance

Persil are launching a concentrated liquid washing powder. The launch will be supported by television and Press advertising and a 12 million door-to-door leaflet drop. An on-pack promotion will enable consumers to try the product free of charge. Lever Brothers Ltd. Tel: 051-641 4000.

Crookes back PR

Crookes Healthcare have produced new point of sale material for their PR Spray. The new display material is illustrated with the familiar freeze and flame motifs. The range includes showcards, shelf-edgers and on-pack leaflets. Crookes Healthcare. Tel: 0602 507431

Crookes make indigestions points with guide

Crookes Healthcare have launched a guide aimed at improving the understanding of indigestion on behalf of their Asilone brand. Entitled "How Asilone succeeds where others don't", the cover illustration draws on

the familiar volcano imagery of the television advertisement. For copies of indigestion contact territory managers or write to Asilone Guide, PO Box 12, Nottingham. Crookes Healthcare. Tel: 0602 507431



Lessar Brothers' 1992 range of sunglasses includes this round/oval design with a broad rim in the Jackie 'O' style retail at £7.95. Lessar Brothers. Tel: 021 554 2234.

Regina add essential moisturiser

Fine Fragrances & Cosmetics have added a new moisturiser to their relaunched Regina skincare range (C&D September 14).

Essential Moisturiser (50ml, £7.95) comes in a tube and is a lighter alternative to the Moisturising Day Complex, which the company thickened for easier application. Fine Fragrances & Cosmetics. Tel: 081-979 8156.

Cannon offers

Cannon Babysafe are offering Winter promotions for both retailers and consumers.

With each steam steriliser purchased, retailers will receive 12 twin packs of Avent plain soothers (worth £23.88) free.

Consumers will receive a £5 cash back voucher on purchase of the Avent soft spout trainer, redeemable on purchase of the steam steriliser. The offer runs until February 1, 1992. The steriliser retails at £34.95 and will come with four free bottles — two 8oz and two 4oz — for an introductory period. Cannon Babysafe Ltd. Tel: 0787 280191.

Better instant pictures

Polaroid have developed a new instant colour film, Polarcolor 100, which uses a higher speed negative, making it more light sensitive, says the company.

The new film is available in silk or gloss finish in 3¼ by 4¼ inch packs, with 5 by 4 and 10 by 8 in formats becoming available early next year.

Polaroid have increased the colour saturation of Polarcolor 100 by 17 per cent and extended the development time to 90 seconds to give better colour results and brighter whites. Polaroid UK. Tel: 0727 59191.

Wella offer

Wella are supporting their Colour Confidence range with the offer of £100 off any



Brainstorm have introduced a new bath time product — alphabet letter sponges. Made from soft polyethylene foam the letters cling to smooth surfaces when wet. It is recommended for children over 36 months. And every Wet Play pack includes a full colour printed teddy bear sponge. Wet Play retails at about £4.99 and comes packed in 24s. Brainstorm Ltd. Tel: 0342 312681

On TV Next Week

Colgate, Actibrush:	All areas
Colgate, Great Regular Flavour:	All areas
Cream Silk:	All areas except TV-am
Dimension:	All areas
Farley's Timers:	All areas
Healthcrafts Nutritional Supplements:	C,TVS
Hedex Extra:	TV-am
Hero Aftershave:	All areas except TV-am
Libra Bodyform:	All areas except CTV, LWT, TTV & C4
Lynx Roll-on:	All areas
Minalex:	TV-am
Nurofen & Nurofen Soluble:	All areas
Olvarit:	All areas
Orbit & Orbit Extra:	A,TSW,LWT,TTV
Panadol:	All areas
Radian B Mineral Bath	G
Rennie:	STV,G,Y,A,TVS,TTV
Sanatogen:	All areas
Seven Seas Pure Cod Liver Oil:	All areas
Slim Fast:	All areas except C4 & TV-am
Timotei shampoo:	All areas except CTV,Y,TVS & C4
Vaseline U.V.:	All areas except U

CTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSB British Sky	G Granada	STV Scotland (central)
Broadcasting	A Anglia	Y Yorkshire
C Central	TSW South West	HTV Wales & West
CTV Channel Islands	TTV Thames Television	TVS South
LWT London Weekend		TT Tyne Tees

ABTA holiday.

Packs of Colour Confidence, Hair Streaking Kit and Hair lightener will include the special travel vouchers which entitle two

people, spending a minimum of £350 each, to a £100 discount. The vouchers are valid until the end of next year. Wella Great Britain. Tel: 0256 20202.

Sexual Chemistry Set.



EXPERIMENT: To prove once again that any Denim products put together make an explosive combination. **EQUIPMENT:** New Christmas packaging and the Denim Racing Diary and stopwatch. **METHOD:** Stock up with the full range of Denim gift sets. Then lie back and think of profits.

Tackling the rubbish

The traditionally strong environment lobby in Germany has claimed another success with the introduction in June of new laws governing packaging. The scale of the problem is daunting — around 30 per cent by weight and 50 per cent by volume of all household and commercial rubbish comes from packaging.

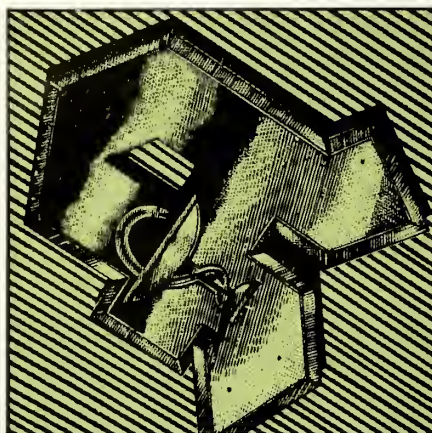
Faced with an ever-growing mountain of rubbish and a shrinking availability of disposal sites, the Bonn Government is the first in the European Community to apply the "polluter pays" principle to the problem of packaging. By shifting the responsibility for dealing with such rubbish from the local councils back to the producers and distributors of consumer goods, the new laws will force pharmaceutical companies and pharmacies to take back packaging materials used for drugs, medical products and healthcare items for recycling. Transgressors will face fines of up to £34,000.

Pioneers in the recovery of used oil, batteries, electronic and electrical goods, plastic drink containers, halogenated solvents and other residues, the German record on paper recycling is actually less good than the British, who lie in fourth place behind Denmark, Holland and Spain. However from December 1 manufacturers and distributors in Germany will be required to take back and recycle the containers used for transporting goods between them, and by January 1993 this requirement will extend to shelf and eventually unit containers. Customers will have to pay a returnable deposit on containers of washing powders, some household paints and other large items.

Recognising the special problems of disposing of drugs and their primary containers, the legislators are still working on proposals governing the primary and secondary packaging of medicines but, by 1992-93, pharmacists must be prepared for cartons, tubes and containers of GSL items to be either left at the counter at the time of purchase, or brought back after use.

Around 100 German firms from the manufacturing, packaging and raw material industries have responded by forming the DSD (Dual System Deutschland), a recycling organisation which will undertake some of these new obligations on behalf of the manufacturers and distributors. Packaging covered by the scheme will bear the "green point", a clever little logo of intertwined arrows.

In addition to arrangements for packaging materials, pharmacists may soon have to arrange a collection point for unwanted drugs, if other proposals (more concerned with the safety rather than the quantity of rubbish) become law. These would establish the legal right of the consumer to make pharmacists take back unused drugs and then dispose of them in an environment-friendly manner. While many pharmacists already undertake this task, it is an unedifying bone of contention between pharmacists and local authorities in some areas of the country. As pharmaceutical companies are already required to take back unwanted drug samples from doctors, if the above principle of producer responsibility was applied to drugs, then pharmacists might be able to



"In the case of products prepared by the pharmacist in his own dispensary, the buck would stop there"

pass returned drugs on to the manufacturer. In the case of products prepared by the pharmacist in his own dispensary, the buck would stop there!

Negative list fiasco

Not for the first time this year (*C&D* April 13), the Bonn Government found itself in a total muddle over the supply of drugs. The culprit on this occasion was the proposed enlargement of its "negative list", due to come into force on July 1, which was to detail those additional medicinal products no longer covered by the compulsory health insurance schemes.

It was originally estimated that some 6,500 preparations would be excluded by the latest list and around 4,000 were voluntarily withdrawn from the market by their manufacturers, although several have recently been "reintroduced" with only minor modifications to ensure they would escape censure. The list was to exclude those drug preparations deemed "uneconomic", but their selection and the possible savings resulting from the process had long been a subject of predictable controversy and the Federal Committee of Physicians and Health Insurance Schemes (who, it was claimed, had the sole right to publish such a list) declined to do so.

Since the list would leave available some 43,000 products, including 13,000 "natural" remedies, serious deficiencies in the therapeutic palette covered by health insurance were, in the Government's view, unlikely to arise. However on June 26 a

complaint by eight pharmaceutical companies as to the legality of the Health Ministry publishing such a list containing their products was upheld by the country's court dealing with social matters, and the list was stopped. Some manufacturers promptly cancelled their recall notices and pharmacists who had run down their stocks in preparation for the "negative list", were left with empty shelves, in some cases no available replacements, and totally perplexed customers.

Three months later, after an appeal by the Health Ministry, yet another court overturned the first decision and the list was at last published, despite threats from some drug firms to continue the legal battle. The saga continues...

Complications ahead

Several years ago, as part of its cost-saving measures in healthcare, the German Government introduced a scheme by which a fixed sum for, firstly products containing the same active ingredient, secondly those with pharmacologically and clinically equivalent active constituents, and thirdly, those with pharmacologically and clinically equivalent activity would be covered free by health insurance.

To no-one's surprise, this has led to the cost of many products being decreased to the particular fixed price, but so far, the items covered account for only about a third of the total expenditure on drugs and the savings have been far less than those predicted. Nevertheless, from the start of 1992, the current flat charge of about £1 per prescribed item (or 50p in former East Germany) for those not covered by a fixed price is to be replaced by a payment of 15 per cent of the cost up to a maximum of 10 DM (about £3.40).

Despite the low prescription charges compared to other EC countries, such an approach has come in for heavy criticism, since it is felt to be grossly unfair to penalise some patients who, through no fault of their own, will face unavoidable charges. Much to the Health Minister's chagrin, the prediction that 70 per cent of the drugs market would be covered by fixed prices by 1992 is far from a reality. For example, no fixed price yet exists for insulin preparations, so diabetics are among those patients liable to pay extra for their treatment. However, the list of patients exempted from paying extra is growing almost daily and it has been estimated this will include at least 50 per cent of all members of health insurance schemes living in the former East Germany, where the average wage is still well below that in the West, and whose income will qualify them for complete exemption. The income of another 30 per cent of this population is so low that they will qualify for partial relief.

However, the forecast of a huge deficit in the healthcare budget in the new Federal States has proved unfounded. This may mean that the compromise solution (*C&D*, April 13) to reduce the deficit by making pharmacists, drug companies and wholesalers all charge lower drug prices in the East can be ended earlier than anticipated. According to the latest figures, some 70-80 per cent of the 2,000 pharmacies in the ex-DDR have now been privatised.

The biggest cough attack in medical history.



Four formulations of new Vicks VapoSyrup form the biggest launch of any OTC cough medicine in the UK. They attack four types of cough: Dry Cough (P), Dry Coughs and Nasal Congestion (P), Chesty Coughs (GSL), Chesty Coughs and Nasal Congestion (P). They have already proved themselves in a Scottish test market, establishing a major product breakthrough in the cough syrup market. So join forces now and prepare for the winter offensive. Vicks VapoSyrup starts working the instant you swallow.



Age if under 12 years
vrs mths
Initials and one full forename
Address

Pharmacy Stamp
Pharmacist's pack and quantity endorsement
No. of days treatment N.B. Ensure dose is stated
NP
Pricing Office use only

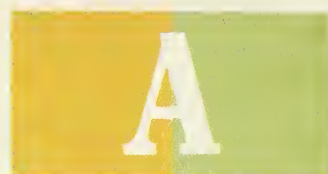
300ml OP
Laxoberal liquid
Rx
Sodium Picosulphate Liquid
mitte: 1 OP

Signature of Doctor
Date

Form FP10 (Wales) (Rev. 12/77)

IMPORTANT Read notes overleaf before going to the chemist

When can you dispense a blacklisted brand and have the script accepted by the Pricing Authority? PSNC explains...



1. Yes. Blacklisted items may be ordered generically provided the item has an official monograph, for example, BP, BPC etc or, as in this case, British Approved Name (BAN).
2. No, 300ml will not be paid because there is a smaller original pack available. The prescription would be referred back to the pharmacist on form PPA4B as 8C: "Prescriber's initials required as endorsement indicates larger quantity".



1. The pharmacist has endorsed Laxoberal which is included in Part XVIII A — "The Blacklist" — in the Drug Tariff. Will this prescription be accepted by the Prescription Pricing Authority?
2. 1 OP has been ordered by the doctor. Will the pharmacist's endorsement of 300ml be accepted?

REST ASSURED WITH SOMINEX



Everyone can rest assured with SOMINEX. Clinically proven effectiveness¹ and strong sales growth has ensured SOMINEX is the number one Pharmacy recommended remedy for occasional sleeplessness.²

A new awareness campaign running now in the consumer press will encourage even more customers to seek your advice.

Recommend a Pharmacy Only brand. Recommend SOMINEX. And rest assured.

PRESCRIBING INFORMATION: **Presentation:** Blister pack of 8 tablets, each containing 20 mg Promethazine Hydrochloride Ph Eur. **Indications:** temporary sleeplessness. **Dosage and Administration:** Adults: one tablet at bedtime or up to one hour after going to bed. Children 0-16 years: not recommended. **Contra-indications, Warnings etc.:** There are no specific contra-indications but use in pregnancy should be avoided. **Precautions:** The product is a sedative for bedtime use only. Patients should not drive or operate machinery. Alcohol and other CNS depressant drugs should be avoided. **Side-effects:** A few patients may be particularly sensitive to the effects of Sominex: early morning drowsiness may be experienced, as may dry mouth, blurred vision, difficulty with lacrimation and constipation.

1. Adams, Oswald J. Br J Clin Pharmacol (1986) 22, 715-17. 2. Independent Market Research. Product licence number 0079/0211 [P].
For further information write to: Smith-Kline Beecham Health Care UK, 56 House, Brentford, Middlesex, TW8 9BD.

TAKES CARE OF OCCASIONAL SLEEPLESSNESS

Chemist & Druggist 26 OCTOBER 1991

CHEMIST &
DRUGGIST

PHARMACY TRAINING SEMINAR

CO-SPONSORED BY

Almay Hypo-Allergenic Hypo-allergenic skincare

This is the 22nd *Chemist & Druggist* training seminar for pharmacists and their assistants, sponsored jointly with companies having a particular expertise in the title subject

Allergens in cosmetics

Dr Ian White, consultant dermatologist, St John's Dermatology Centre, discusses common problem ingredients in cosmetics

An allergic reaction is a hypersensitive response after the skin has been in contact for some time with a particular allergen.

When someone is sensitive to a particular product it may be relatively easy to overcome this problem by avoiding the culprit.

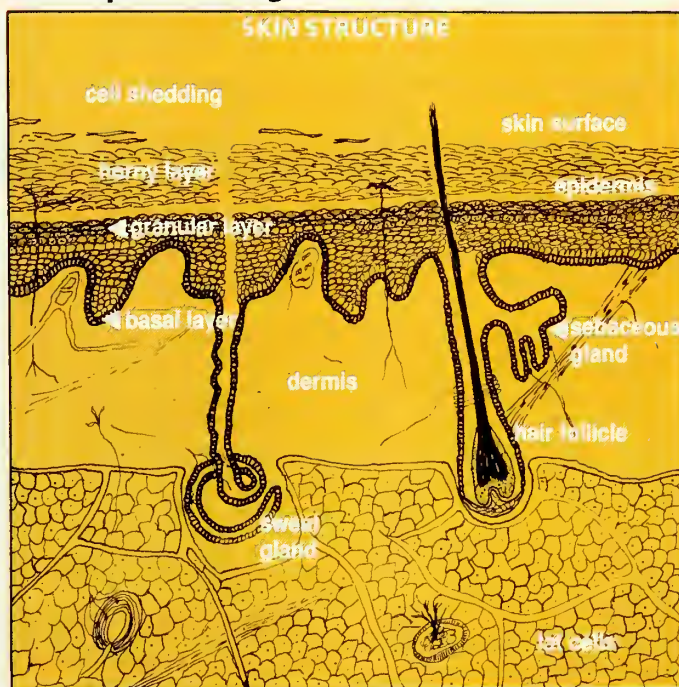
Allergies are more complex as the body is trying to resist an attack which provokes an immune response to overcome the allergen. The reaction, in the case of cosmetics, usually occurs at the point of contact. This problem may lay dormant for some time, even years, but the visible and physical indications can be severe and traumatic.

What are cosmetics?

In current usage, a cosmetic (or toiletry) is any preparation which is applied to the skin, eyes, mouth, hair or nails for the purpose of cleansing, enhancing appearance, giving a pleasant smell, or giving protection.

We all use cosmetics and, given the enormous volume of sales and range of products available, there is remarkably little information on the incidence of adverse reactions to them. Most individuals who experience an adverse reaction to a cosmetic will simply change to another product. Rarely will an adverse reaction be reported to a manufacturer, unless discomfort is marked or significant. Individuals are unlikely to see a dermatologist for evaluation, unless an adverse reaction is severe or persistent.

In Europe, the absence of ingredient labelling does not permit adequate evaluation of sources of contact with potential allergens. About 8,000 substances are available to the cosmetic scientist. Most of these ingredients have had a long and



established use and are recognised as being safe or have a low toxicological profile. Some substances, however, pose a significant risk of causing adverse reactions; for other substances little is known about their safety.

Allergic proportions

In the general population, a questionnaire survey of 1,022 individuals in the UK found 85 (8.3 per cent) people who claimed to have experienced an adverse reaction related to the use of a cosmetic. Of these 85 individuals, 44 were patch

tested and in 11 (1.1 per cent) a significant reaction was obtained to a cosmetic ingredient. In Holland, a survey of 982 individuals attending beauticians found 254 (26 per cent) who claimed to have experienced an adverse reaction to a cosmetic. Evaluation of 150 of this group by patch testing demonstrated ten individuals, 1 per cent of the total, with an allergic reaction attributable to a cosmetic ingredient.

Detailed information is available on allergy to some cosmetic ingredients in individuals who have been investigated by patch testing

because of their eczema. The currently employed European standard series of contact allergens includes the following substances which may be used in cosmetics: fragrance-mix, balsam of Peru (not used as such in cosmetics but is included as an indicator of fragrance sensitivity), formaldehyde, quaternium-15, methylisothiazolinone + methylchloroisothiazolinone, parabens, wool alcohols, colophony, and *p*-phenylenediamine.

A recent European study of hypersensitivity in a patch tested population of 20,791 individuals, has shown the incidence of reactions to fragrance mix to be 7 per cent, balsam of Peru 5.8 per cent, colophony 3.4 per cent, *p*-phenylenediamine 2.8 per cent, wool alcohols 2.8 per cent, formaldehyde 2.2 per cent, parabens 1.1 per cent and quaternium 15 0.9 per cent.

Women at risk

Women are more at risk of acquiring hypersensitivity to cosmetic ingredients than men, because of greater product use. The variability in the frequency of the reactions is partially attributable to different patient selection in the various centres.

True temporal and geographical variations in the frequency of hypersensitivity to cosmetic ingredients occur, because of differences in ingredient use. These differences include marketing strategies, local product preference, and preferred ingredient usage by manufacturers. Additionally, changes in legislation, recommendations on ingredient use and availability are further important factors. A named product with identical appearance and packaging will

not necessarily have identical content. As examples, the preservative system in a moisturiser may vary for different national markets and the UV absorber in a sun-care preparation may change regularly. Musk ambrette, present in many fragrances, has been removed or reduced without any obvious change in the products, but with a reduction in the incidence of adverse reactions to them.

In the UK, quaternium-15 has been a major cosmetic allergen, but it causes problems infrequently in continental Europe. In various continental European countries, methylisothiazolinone + methylchlorisothiazolinone has been an important allergen, but it rarely causes problems in the UK. These differences are due totally to population exposure, as measured by usage, and not to any local variations in susceptibility.

Fragrances

Fragrances are the most frequent cause of cosmetic allergy, both from products primarily used for their perfume and from other scented cosmetics. Patients may react on patch testing to the product and to the fragrance-mix in the European standard series, and/or the "indicator allergens" for fragrance sensitivity: balsam of Peru and colophony. The fragrance-mix contains eight very commonly used fragrance materials (1 per cent each): eugenol, isoeugenol, oak moss absolute, geraniol, cinnamic aldehyde, amyl cinnamaldehyde, hydroxycitronellal, and cinnamic alcohol, emulsified with sorbitan sesquioleate. This fragrance mix possibly detects 70-80 per cent of cases of fragrance sensitivity.

A perfume may contain 10-300 fragrance compounds. The exact allergen is usually not sought after but, when it is, most reactions have proved to be caused by the components of the fragrance-mix.

Fragrance free

Patients allergic to fragrances may use fragrance-free cosmetics. In individuals sensitive to perfumes a fragrance may sometimes be applied to clothing or hair without eliciting an allergic response. However, they should be avoided altogether in fragrance-sensitive individuals who have an active eczema. It may be difficult for an individual with a hand eczema totally to avoid fragrance contact.

Musk ambrette, used as a fragrance fixer, has been an important cause of photocontact allergy. Its incorporation into new products has been discouraged and its presence in old formulations has been reduced or removed. It is an occult allergen for those already sensitised, with numerous sources of contact in perfumed or flavoured non-cosmetic products remaining.

Hypo-allergenic trends in a growing market

The market for hypo-allergenic skincare and cosmetics, discussed by Leslie Semper-White, marketing manager at Almay Hypo-Allergenic

The UK skincare market was worth £378.5 million in 1990, and grew by 2 per cent (volume 171.4m units, (-4.7 per cent)). Similarly, the total UK cosmetics market was worth £440.7m, with static growth (-2 per cent), (volume 210.7m units (-9 per cent)).

The hypo-allergenic sector (see Table 1) within these markets represents a small but significant factor, and is gaining popularity with the consumer.

The total hypo-allergenic skincare and cosmetics market was worth £27.2m in 1990, up 2 per cent versus 1989 (see Table 1). Within this, it is the hypo-allergenic skincare sector worth £14.5m which showed strongest growth (12 per cent), and has good growth potential with the introduction of new ranges such as Synergie.

The hypo-allergenic cosmetics sector was worth £12.4m in 1990 and declined by 10 per cent. Again, the market is likely to exhibit good growth potential.

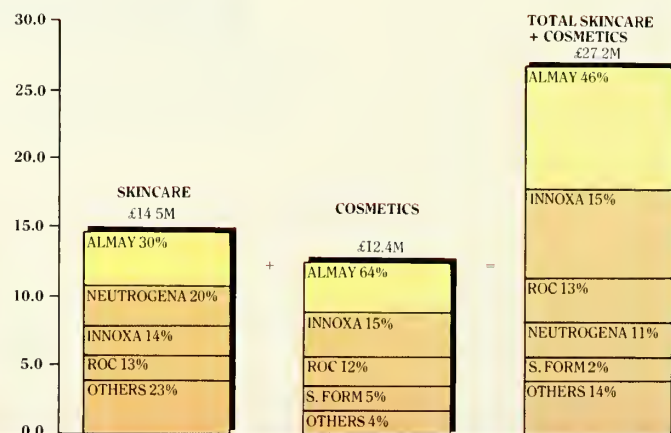
The hypo-allergenic market, as defined above, includes only

those brands which claim hypo-allergenic formulations, such as Almay, Roc, Innoxa and Neutrogena. There are in fact only five or six skincare and cosmetics ranges which meet

this criteria. While the consumer recognises "hypo-allergenic" to be a gold standard, the term itself remains confused in her mind with other market terminology such as "allergy-

Table 1

THE HYPO-ALLERGENIC SKINCARE AND COSMETICS MARKET 1990



Care for the consumer

Ian Purdy, group product manager for skincare at Almay Hypo-Allergenic, explains how hypo-allergenic cosmetics are produced and advises on customer service

The word hypo-allergenic is often misunderstood and frequently misused. The hypo-allergenic concept must encompass more than just a statement on the pack. It must cover a broad responsibility from the development of the product idea to beyond the sale of the product.

The primary objective of any hypo-allergenic brand must be a deep-rooted care and concern for the consumer. A basic strategy must be used when planning each product's life cycle. At the core of any hypo-allergenic brand must be an assurance to the consumer that every effort has been made in development and manufacture to minimise the possibility of a reaction to the product.

In the early stages of a product's development the selection of raw materials is of primary importance. The quality and consistency of supply must be maintained to ensure that each batch of product manufactured can sustain the consumer's confidence in each purchase. Synthetic raw materials are usually more uniform and more readily standardised than those of natural origin. When using

natural ingredients special care must be taken to ensure only the highest quality materials are used. Ironically, one must look at what can be left out of a product to avoid sensitisers and photo-sensitisers such as fragrance, toluene/sulphonamide formaldehyde resin, urea-formaldehyde resin, organic mercurials, formaldehyde, balsam compounds, shellac, to name but a few.

All hypo-allergenic products must be fragrance-free as this is a major source of sensitisation.

Clearly labelled

The purpose or function of each product must be defined clearly. In a recent survey skin care products, such as cleansers and moisturisers, were associated with the largest number of allergic reactions, closely followed by hair preparations and face make up, nail preparations and eye make up. However, in the parts of the body most commonly affected by cosmetic allergies, the eye area was the second most affected area after the face, followed by forearms, armpits and ears (FDA Consumer — November 1986).

The performance of each product will depend, not only on the quality of each ingredient, but also the level used.

In order to maintain their quality, most products will require preservatives to resist microbial contamination during all storage conditions and use. Each product must be challenged so that only optimum levels of preservatives are used.

Testing

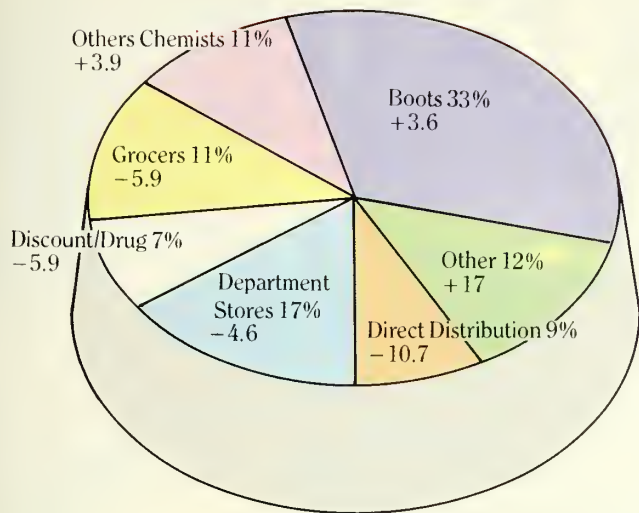
Once all these restraints are met the product is ready to face the stringent safety testing that must be carried out to put the seal on its hypo-allergenic claim. Safety testing will involve patch testing, in-use testing and comedogenicity assays. (Comedones are a sign of disorder of the sebaceous glands and are characteristic of acne vulgaris.)

They usually take the form of a plug of greasy matter commonly referred to as a blackhead. Non-comedogenic cosmetics should not cause or exacerbate this condition.) Ophthalmologist testing is necessary on all eye products. All sun care products will also

Table 2

Total skincare market 1990

Trade split (%£)



screened", "allergy-tested" and "dermatologically tested".

Originally, the main users of hypo-allergenic products were women with sensitive skin, often via dermatological recommendation. Nowadays, there is much wider usage as nearly 60 per cent of women perceive they have sensitive skin. In addition, the hypo-allergenic market continues to benefit from increased consumer awareness of the damaging effects of unscreened irritants, fragrances and indeed

the environment. Importantly, hypo-allergenic brands enjoy a great deal of consumer loyalty.

Leading products

In terms of product category performance, within hypo-allergenic skincare the fastest growing sectors are tinted moisturisers, facial washes and skin treatments such as masks, serums and intensive nourishers.

Within hypo-allergenic cosmetics, it is foundations and lipsticks which exhibit strongest

include UV-related assays, such as phototoxicity and photo-allergy testing.

While these tests are being carried out, all products will be undergoing extensive compatibility and stability tests in the proposed pack to ensure there is no interaction between product and container.

All the various safety and product testing may take up to six months to complete and no product should be released until it passes these tests. The product will then pass through quality control testing before it can be filled into the container. It is then subjected to further microbial examination before it can be released for sale.

But the responsibility to the consumer does not end here. The customers need to be advised on purchasing the correct product. If she or he has any known allergies, these may be avoided by using a particular brand. If this cannot be achieved on counter, even with trained consultants, then the consumer should be advised to contact the appropriate members of staff at head office to optimise their purchases and minimise the risks.

Product misuse

All too often a customer will develop a problem with cosmetics and decide upon a hypo-allergenic brand. Unfortunately, she may decide to purchase several products and use them all, not aware that one of these products may still be responsible for a reaction. She

should be advised to use each product individually for two to three days with instructions to minimise risk and discomfort.

Hypo-allergenicity is frequently misconstrued to mean non-allergenic, an unobtainable ideal. There will always be someone who may react to a product, so the risks can only be minimised, not eradicated.

If customers do not know what is causing the reaction, then they must be advised to seek the help of a dermatologist. This is usually achieved through their GP who should be able to recommend someone in their area. It is essential that there is close liaison between customer, specialist and manufacturer.

There is not always a definite answer as the reaction may be caused by the sum total of the ingredients, i.e. the complete product. The resolution of this may be quite complex and in some cases, there may not be a final answer, apart from avoiding the particular product.

In some cases where the patient has been identified as allergic to certain materials, perhaps a preservative, it may be difficult for that person to obtain products avoiding these materials. Therefore, one should be able, where feasible, to offer customised formulations. There will be an additional cost as the product will probably be made on a very small scale.

This is one major service that can be offered which will demonstrate concern for your customer and may lead to a successful solution.

growth. This reflects the 1990s trend towards a more natural make-up. In addition, the growth is fuelled by innovation within the hypo-allergenic foundation sector via the introduction of cream powder make-ups and matte formulations. Eye make-up removers and eye care creams remain highly successful.

The pharmacy role

The pharmacy plays a vital role in the retail environment for hypo-allergenic skincare and cosmetics. The perceived complexity and problem nature of sensitive skin means that women often require advice, information and reassurance when choosing hypo-allergenic products. The pharmacy provides an environment where the consumer can confidently seek the endorsement and credibility of a pharmacist. For this reason, many consumers look to their pharmacist as their skincare "expert". As a result, the chemist sector will remain a dominant player in the hypo-allergenic sector (see Table 2).

The high consumer loyalty factor in the market means that she is willing to pay a premium for her chosen brand, and to source it out from a regular retailer in the future.

Brands such as Roc and Almay, with their traditional background of chemist distribution, give the retail pharmacist the opportunity to allow his customers to "trade up" in unit price — through the offering of improved product performance benefits. In this way the pharmacist is not obliged to compete openly with grocery and drug store distribution, where brands, offering similar performance claims at lower unit prices, have conspired to depress sterling sales.

Trade secrets

The point-of-sale location for hypo-allergenic brands is an important factor. Given that the consumer will often seek advice and reassurance when shopping for hypo-allergenic products,

counter sites backed by service offer the optimum location. Counter merchandisers with stock, display and test facilities command the strategic presence to stimulate growth in hypo-allergenic retail sales. It is often useful to give consideration to the "ranking" of brands in store: it is not wise to site hypo-allergenic brands adjacent to budget cosmetics which, by definition, are less complicated and therefore likely to benefit more from free-standing, self-select locations.

Point of sale material, both permanent and promotional, must complement the image, pricing and positioning of a hypo-allergenic range and facilitate self-selection. Product trial is vital to win consumer confidence, and merchandising should incorporate clear, hygienic testing facilities. Consumer leaflets and booklets are important at the point of sale to further educate the consumer.

Pharmacists and assistants can also benefit from trade training schools. These form an important part of the sales and marketing strategy of hypo-allergenic brands.

The future

There has been much product development in the last few years introducing multiple skincare products (exfoliators, wash gels, intensive nourishers) and performance cosmetics (foundations with moisturisers + SPF, protection mascaras with proteins).

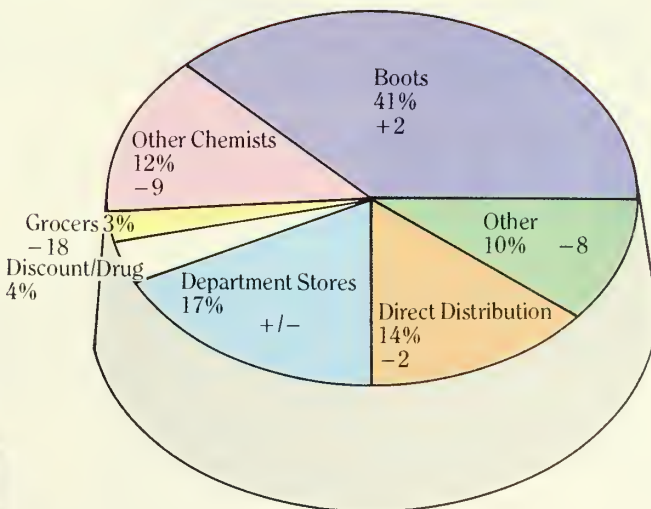
Sensitive skin is also a problem suffered by men. While the UK male skincare market remains underdeveloped there is now a lot of activity plus several hypo-allergenic brands available. These include ranges offering shaving foams, cleansers, exfoliators, after-shave balms, razor burn repairs and moisturisers.

For the future, it is expected that the small but increasingly important body care market (£20m at RSP, 1990), will also begin to benefit from the introduction of more hypo-allergenic ranges.

Table 3

Total cosmetics market 1990

Trade split (%£)



ALMAY

HYPO-ALLERGENIC

WE'VE CONSIDERED EVERYTHING
(NOW IT'S YOUR TURN)

Paying for the privilege



Whatever ethical views you may hold about private medical insurance the fact remains it is an option open to all who can afford to pay for it. Michael Paine, deputy managing director of Jardine Financial Consultants, who operate the Pharmoney service for the NPA, puts the case for insurance schemes and casts an eye over some of the available options

The National Health Service has

become the latest political football and seems destined to remain so in the run-up to the general election. While politicians bicker and make new promises this seems an apposite time to consider whether we should take action to protect ourselves against the considerable costs of private medical attention.

A recent survey by one of the major Provident Associations suggests that over 40 per cent of the population between ages 21-65 expect to have to pay for hospital treatment in the next 10 years. 30 per cent in the same group are resigned to the thought of paying for GP visits.

Private treatment

Even now a substantial number of people seek private treatment. Over 550,000 operations are carried out each

year in the private sector. 28 per cent of all hip replacement operations in Britain are done by the independent sector, and one in five heart operations are carried out privately.

Why do people take this route? Let the quoted figures speak for themselves. 1.1 million people are on hospital waiting lists. 27 per cent of inpatients have waited over one year before receiving treatment, and over the last three years more than one million operations have been cancelled (the writer has personal experience of this!).

The NE Thames Health Authority alone has indicated that of 65,800 people on its waiting lists 30 per cent have been waiting for over one year.

Some people take a risk and try to jump the queue by paying for private treatment as and when required, rather than

paying for health insurance. This can be a costly path to take. Not only do they have to meet surgeons' and anaesthetists' fees, but there is the cost of hospital accommodation, x-rays, drugs and so on.

A hernia operation could cost around £2,000 and varicose veins about £1,500. A slipped disc would set you back anything between £3,500 and £8,000 depending on the complication. A hip replacement would be in the same range but there could also be a two-year waiting list.

The treatment costs quoted above fall within guidelines set by the BMA. But there is no guarantee that these will be followed.

You may never have considered taking out private health insurance. Many of us live with the charmed thought

continued on p716

continued from p715
that serious illness affects only other people. And anyway, why belong to an insurance plan when you can be treated by the NHS for nothing?
The NHS can act swiftly and effectively if you suffer a serious accident or life-threatening condition. In these circumstances treatment can be first class. However not all conditions are urgent and the huge demand for non-urgent operations, such as hysterectomies, cartilage removal, joint replacements and so on defeat an overloaded system.

Private advantage

Private healthcare offers distinct advantages for busy professional people. The advantages can be described under the general title of freedom; freedom to choose a treatment date least disruptive to your work; freedom to select a hospital best situated and priced; freedom to ask for a particular specialist. You control the situation.

Private health insurance will give you peace of mind and help meet the potentially crippling costs involved. It is also probably less expensive than you fear. This market is developing fast with new providers joining to offer "special" deals. At first glance some may seem to be providing better terms at cheaper cost. Innovative features are highlighted to beat

competition and entice the worried. It is worth doing your homework.
Leading associations and companies in this market include MGI Prime Health, Private Patients Plan, Norwich Union, BUPA, Bristol Contributory Welfare Association, Western Provident Association and others.

Choosing the scheme best suited to your needs is not easy. It requires careful investigation of the various options. For example, what range of hospitals do you require? Price will be an important factor here. A top London teaching hospital will be more expensive than a smaller independent country hospital.

Be prepared

Are there overriding plan limits or restrictions to individual benefits? These could well fail to cover your requirements when the time comes, and paying a slightly higher premium would have been wiser.

Do you get any daily cash benefit? What extras are there, such as free worldwide travel insurance or no-claims discount? You must read the small print carefully to ensure that you are getting value for money. Be aware that cancer treatment such as chemotherapy is not always included in the cover. Nor are alternative medicines. The cost of your plan will depend on how many family

members you include, and their ages. Medical costs vary and you will usually have a choice of scales from which to choose.
Usually anyone under the age of 65 may join the plan and, unlike life insurance, you will not have to undergo a medical examination before joining. You will be asked to complete a form giving brief medical details

membership.
Watch out that you can remain a member for life; you do not want to be told you are too old to renew.
A summary of likely costs is given below for three differing plans. For this example we have taken a 40 year old married pharmacist requiring treatment in a provincial hospital:—

Scheme 1: "Rolls Royce" plan

Full cover: for Hospital costs, surgeons and anaesthetist fees, outpatients and specialist services, ambulance

Generous limited cover: for home nursing, pregnancy, psychiatric disorders, alternative medicines

Special features: premium waiver during treatment; critical illness cover; worldwide travel

Cost £64-60 per month (£716 pa)

Scheme 2: "Budget" scheme

Same as 1 but limited outpatient services

Cost £36-80 per month

Scheme 3: Discount

Same as 2 but only payable if treatment in an NHS hospital cannot be provided within 6 weeks

Cost £25-80 per month

and in a few cases the insurer may require to supplement this information by approaching your local doctor. This could lead to exclusion of cover for certain pre-existing medical conditions but will not preclude

Health insurance cover is akin to sunbathing: If you forget your tanning lotion you are unlikely to be in the sun. However if you apply a cream with an insufficient protection level you may lie in the sun and get burnt!



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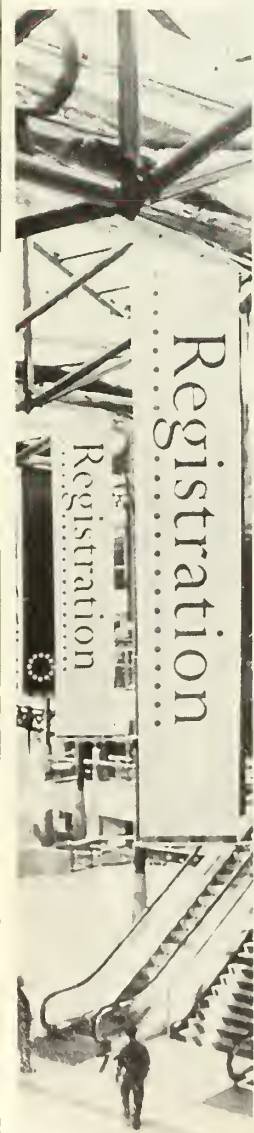
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Presentation Tablets: White tablet marked with the product name on one side and 'RORER' on reverse. Each tablet contains: magnesium alginate 500mg, aluminium hydroxide/magnesium carbonate co-gel 360mg, Magnesium Carbonate BP 320mg, Potassium Bicarbonate USP 100mg. Other ingredients include sucrose. **Suspensions:** A white suspension with odour and taste of aniseed; a cream suspension with odour and taste of mint. Each 5ml contains: magnesium

alginate 250mg, aluminium hydroxide/magnesium carbonate co-gel 140mg, Magnesium Carbonate BP 175mg, Potassium Bicarbonate USP 50mg. Other ingredients include parabens. **Uses** For the relief of heartburn associated with gastric reflux, reflux oesophagitis, hiatus hernia, pregnancy and hyperacidity. **Dosage and Administration** For oral administration. **Tablets Adult dose:** Chew 1 or 2 tablets four times a day or as directed by a physician. Tablets should be taken after meals and at bedtime, or as needed. The suspension should be taken after meals and at bedtime, or as needed. The bottle should be shaken well before use. **Children:** Not recommended for children under 12 years. **Elderly:** No special precautions required. **Contra-indications, Warnings, etc** There are no specific contra-indications to Algicon but the product should not be administered to patients who are severely debilitated or suffering from kidney disease or to patients who are currently taking an antibiotic drug containing tetracycline. Due to the high sugar content of the tablets, care should be exercised in the treatment of diabetic patients with this dosage presentation. **Use In Pregnancy:** It is probably wise to avoid taking preparations containing antacids in the first trimester of pregnancy. **Overdosage:** In overdose, abdominal distension is the most likely occurrence and appropriate conservative measures should be taken. **Pharmaceutical Precautions Tablets:**

Further information is available on request from:
 Rorer Pharmaceuticals
 Eastbourne,
 East Sussex, BN21 3YG.

Store in a cool, dry place. **Suspension:** Mix well before use. Do not freeze. **Legal Category P. Package Quantities Tablets:** Certons containing 60 blister-packed tablets. **Suspension:** Bottles containing 500ml of suspension. **Basic NHS Cost:** 60 tablets £2.40. 500ml suspension £2.60. **Further information** The product contains an alginate combined with an antacid which, on reaction with the gastric contents of the stomach, forms an insoluble gel-like layer above the stomach contents, which impedes reflux and provides a demulcent action. The product has a low sodium content of less than 10mg per tablet, and less than 10mg per 10ml of suspension. **Product Licence Numbers Tablets PL 5272/0010, Suspension PL 5272/0009. Suspension Aniseed Flavour PL 5272/0053. Data of Preparation:** October 1988. **Amended:** January 1991.

Procter & Gamble backs Vicks VapoSyrup launch with pharmacy advisory team

Procter & Gamble have a formidable reputation when it comes to new product launches. Now the company is turning its attention to the cough syrup market and intends to forge strong links with the pharmacy sector.



Procter & Gamble launch Vicks VapoSyrup range

New Healthcare Advisory Service

The launch of Vicks VapoSyrup coincides with the setting up of a new professional healthcare advisory team that will call exclusively on pharmacists. Backed up by an extensive portfolio of education materials and technical information, this new task force will ensure that pharmacists receive a high level of information on the technology behind Vicks VapoSyrup.

The four products in the range combine active ingredients with a thickening agent (*thixotropic polyol*). This enables the syrup to adhere to

the throat and coat the cough receptors, easing the cough within five minutes of swallowing.

"The launch of VapoSyrup marks an important innovation in the cough syrup market," says VapoSyrup brand manager Mr Bart Struwe. "To ensure that pharmacists and their assistants are fully informed of the technology behind VapoSyrup, we felt it necessary to set up a completely new healthcare advisory team calling solely on pharmacists. That way we will be able to devote more time to the pharmacy staff."

The 20-strong force will be out on the road from the end of October. These professional

healthcare advisers will be on hand to talk to pharmacists and their staff about cough and cold treatment in general and the technology behind VapoSyrup.

"The professional healthcare service is entirely separate from the sales calls pharmacists will also receive," says Mr Struwe. "Procter & Gamble recognises the growing importance of the pharmacists' role as healthcare consultant and is committed to help promote an improved understanding of cough and its treatment. The setting up of a specialist healthcare service will provide pharmacists and their staff with a comprehensive insight into the technology behind VapoSyrup and will

enable them to ask questions about the treatment of coughs in general."

VapoSyrup education materials

In addition to the healthcare service, Procter & Gamble will also be providing pharmacists with a comprehensive range of education materials on cough and colds for themselves and their staff. These will include a pharmacists' information pack; a VapoSyrup education booklet and a VapoSyrup demonstrator kit. These materials will be mailed to pharmacists or provided by the healthcare advisor during the visit.

Procter & Gamble is launching a complete range of four types of Vicks VapoSyrup, three of which have pharmacy only status: VapoSyrup for Dry Cough (P), for Chesty Cough (GSL), for Dry Cough and Nasal Congestion (P) and for Chesty Cough and Nasal Congestion (P). In addition to the unique *thixotropic polyol* ingredient contained in each VapoSyrup formula, the dry cough variants both contain the highly effective *dextromethorphan hydrobromide*, which acts systemically to reduce the urge to cough, while the chesty cough variants contain the well established *guaiphenesin* which makes the mucus or phlegm more liquid and so easier to cough up.

Because patients often also suffer nasal congestion with their cough, the VapoSyrup range includes two decongestant variants. These contain the highly effective decongestant *phenylpropanolamine hydrochloride*. All variants of VapoSyrup come in 120ml bottles and retail at £2.49.

P&G's belief...

So why do Procter & Gamble feel that they can succeed in the cough remedy market when there is an extensive range of remedies already available?

"By understanding consumers needs," says Mr Struwe, "we have identified a key area for improving consumer satisfaction with cough syrups in the demand for speed of relief. Market research reveals that only 3 per cent of consumers feel that currently available cough medicines deliver the rapid relief they seek. This means that there is a definite need for a faster way to stop coughing. We have the answer in Vicks VapoSyrup."

As with any launch by Procter & Gamble, the support package is impressive. With over £2.5 million allocated for TV advertising and POS materials, this is the biggest ever launch of a UK cough remedy.

The TV advertising will run throughout the cough and cold season, giving viewers multiple opportunities to see the commercial. For in-store support, there are window display stickers, shelf strips, showcards and display units available.

Mr Struwe sums up the importance of the VapoSyrup launch to P&G: "VapoSyrup is a major innovation in the cough remedies market and our launch programme emphasises the growing commitment of Procter & Gamble to support the role of the pharmacist in healthcare provision."

For further information or queries please call 0784 474845.



Procter & Gamble allocate £2.5 million to support sales with advertising and POS materials

Para-pharmaceuticals: fact, fiction, placebo or scientific fraud?

Para-pharmaceuticals are those preparations which are sold as health foods and are neither orthodox medicines nor traditional herbal remedies, but which are promoted for the treatment or prevention of disease. Terry Maguire, MPSNI, looks at the basis of the claims made for para-pharmaceutical products and at how the published scientific evidence which supports or refutes these claims is relatively ineffective in answering the simple question: "Does it work"?

Recently the Government published a report on dietary supplements and health foods outlining a number of recommendations which it hopes will restrict abuses. The report was in response to public concern about some of these products and it suggests a framework within which these products should be regulated: comments are being sought from various interested bodies.

The confidence which our Society holds in the ability of

orthodox medicine to treat disease and its symptoms is evident in the huge commitment of resources which are ploughed into the National Health Service annually. Our confidence in medicine and in the drugs it employs stems from our faith in science and its ability to provide us with the "truth". Society demands two things from medicines. Firstly that they are safe — this is a relative term depending on the disease being treated; and secondly that they are effective.

Scientific method is employed

to ensure these two criteria are achieved. In most countries these requirements are enshrined in law. In the UK the Medicines Act 1968 requires that all drug manufacturers provide sufficient evidence about safety and efficacy on all new drugs they wish to market. This evidence will come from studies which are designed on scientific principles. Development of a new drug is at a price: from the initial synthesis until it arrives on the pharmacy shelf is a long and expensive process which might take 10 years and cost £20 million.

A hypothesis

Para-pharmaceutical products such as royal jelly and green-lipped mussel are not licensed medicines and differ from traditional herbal remedies in that they do not have their origins in folk medicine but rather originate from the laboratory. After an initial observation has been made a hypothesis is formed, and rather than continue investigation a theoretical model is proposed and the product is marketed.

continued on p722



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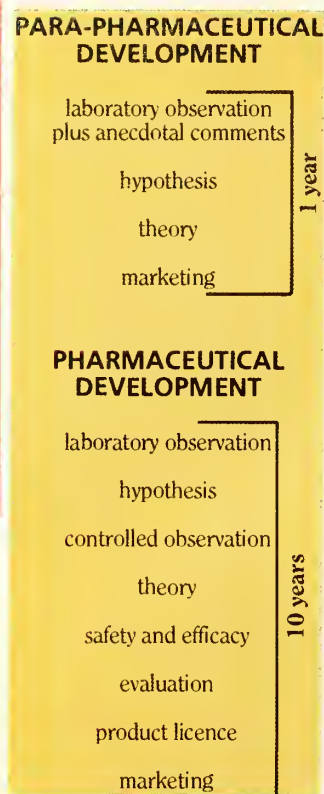


Figure 1. Schematic representation of the development of a para-pharmaceutical compared to the development of an orthodox drug

In contrast to licenced orthodox medicines, para-pharmaceutical products do not take the painstaking route to the pharmacy shelves (figure 1). There now appears to be a standard mechanism for the commercial exploitation of such preparations. They are sold as food supplements to avoid any legal obligation to provide proof of their safety and efficacy. The manufacturers will claim their safety is implicit in the fact that they are derived from a natural origin. In the UK such products, or any advertising concerning them, cannot be accompanied by any direct claims of medical efficacy. This information is communicated to the public via newspapers, women's magazines and health food journals. Most of it will stem from books written by an individual who champions the claims made for the product. The book is circulated to the lay Press and the author goes on a lecture tour and may even appear on television chat shows. Seatone (green lipped mussel) and royal jelly are two products which have clearly used this marketing mechanism and for which no scientific evidence exists to justify the claims made for them.

The orthodox drug industry must be envious of this method of marketing! Rather than prove that their product is safe and efficacious, para-pharmaceutical manufacturers market their product and leave it up to the medical profession and the public to establish these facts for themselves. In many cases it

might take years for a product of this type to be vindicated, at which point the manufacturers will cry "we told you so", or be discredited, when they will claim victimisation. In the meantime the product will have been sold widely and substantial profits may have been accrued.

This opinion might be regarded as too cynical and it is a valid argument that the public should not be denied access to potential benefits of a "natural" product, no matter how anecdotal the evidence, as long as the product is safe.

History

Historically this procedure of introducing para-pharmaceuticals to the market is not new. In the 1960s vitamin E was marketed for its efficacy as an aphrodisiac. This claim can be linked to one experiment performed in the 1930s which investigated the effect of depriving rats of vitamin E (alpha tocopherol). This study found that the rats failed to reproduce and the authors were cautious in their conclusion suggesting that this aspect of vitamin E deficiency should be further investigated. Apparently on the strength of this one experiment vitamin E supplements were exploited commercially for their libido enhancing powers and were sold from many outlets including sex shops. We now know that vitamin E is not an aphrodisiac!

Laetrile was marketed in the UK and in the USA as a food supplement and claims were made about its efficacy as an anti-cancer agent. It's use by Steve McQueen catapulted it to fame. Laetrile, or vitamin B17 as it was called, was an extract from apricot kernels. The use of this product in the treatment of cancer was based on what appeared to be sound theory. It was presumed that laetrile migrated to cancerous cells which were said to contain abundant quantities of beta-glucosidase, an enzyme capable of producing cyanide from the laetrile molecule. Normal cells were said to be protected because they contained only traces of beta-glucosidase and were rich in rhodanase, an enzyme which converts cyanide to the less toxic thiocyanide.

We now know, however, that normal and cancerous cells only contain traces of beta-glucosidase and both are rich in rhodanase. More worryingly, laetrile turned out to be a very toxic compound resulting in over 20 deaths.

The laetrile story demonstrates clearly how emotions can totally usurp logic and scientific fact, and shows that when people are terminally ill they will use anything which promises the slightest chance of success. It would be wrong to give the impression that all para-pharmaceutical products are like laetrile or vitamin E. Some, rather than being dismissed, are eventually found to be of benefit and are then adopted into the armamentarium of orthodox medicine. A number of examples have been recognised

recently. Maxepa, for its beneficial effects on blood lipids and Epogam, for its effects in atopic eczema, are examples of such products which only recently were food supplements and now are prescribable on NHS prescription. Their recognised therapeutic benefits, however, are much less extensive than the initial claims made for them.

The placebo effect

Some products are nothing more than expensive placebos. If their safety can be guaranteed there may be no reason not to use them in that way as long as the patient's progress is monitored.

It has been claimed that to be effective as placebos the claims made for para-pharmaceuticals must not be undermined by the practitioner. On the contrary, he/she should contrive to reinforce them as firmly as possible. The mystic associated with such preparations (and the pricing!) also contributes significantly to the placebo effect. It is, therefore possible to obtain therapeutic responses in certain groups of patients by the use of para-pharmaceutical preparations. Whether such products actually do possess inherent therapeutic activity is a different matter.

In the best interests of the public's welfare all products sold for the treatment of disease should be safe and effective. The Medicines Act 1968 was instrumental in establishing these criteria for all new drugs and has over the past 20 years reviewed the same parameters of older more established remedies, many of which have now disappeared due to their failure to measure up.

Suspicion

In relation to para-pharmaceuticals, failure to produce sufficient detailed evidence on efficacy to obtain a product licence must be viewed with suspicion. The argument that the public should not be denied access to safe, effective and inexpensive remedies is one which everyone would champion. Regrettably the record of most of the para-pharmaceutical products marketed over the last 30 years is poor. Proof of their therapeutic efficacy by scientific method and their subsequent adoption by orthodox medicine has been the exception rather than the rule. In cases where efficacy has been identified it has been much more modest than the initial claims. In some instances the implied safety which accompanied the "natural" classification these remedies has been frankly wrong.

In many cases the only benefit obtained is a placebo effect. If the preparation is free from attendant toxicity and the patient has not neglected to visit an orthodox medical practitioner who has established that the condition being treated does not indicate a more serious underlying pathology, then the use of a para-pharmaceutical as a placebo is justified.

Need for CRCs on liquids highlighted by child deaths

The deaths of two children through ingestion of methadone have again called into question the child-resistant nature of liquid packaging and prompted local pharmacists to take extra precautions when dispensing to addicts.

Doctors in the accident and emergency department at the Royal Liverpool Children's Hospital were referred in a letter to the *British Medical Journal* (October 12) how in the past year they had seen two young children die after accidentally ingesting methadone prescribed to their parents for opiate addiction.

The doctors expressed concern over the lack of child resistant closures on the methadone bottles, the quantities sometimes prescribed (up to 300mls/300mg at a time, when 20-30ml can be lethal to a small child), and the "pleasant enough" taste of the syrup.

The doctors drew attention to the extra hazards involved — parents who could tolerate large doses of methadone might think the child could "sleep it off", or might be deterred from taking a child to hospital because they know their competence to look after a child will be questioned.

They suggest that it should be a legal requirement for methadone to be dispensed in CRC bottles, the

syrup should be bitter to the taste, and the quantity prescribed at any one time should be limited if the user is responsible for small children.

"This had already been brought to the LPC's attention through the district pharmaceutical officer and some correspondence," Liverpool LPC chairman Jeff Max told C&D.

"What a number of contractors are doing is dispensing methadone in glass tablet bottles with CRCs on the top, particularly where they are dispensing single doses at a time."

This approach is not without its problems however. The sticky methadone syrup clogs up the child resistant top. And the addicts, always looking for an excuse to get more, claim they have difficulty getting the top off and end up spilling half.

"We are looking for an economic way to pack methadone with CRC closures, but we are also trying to get across that if medicine is not put away properly, there is a possibility that a child will take it. The best child resistant container is one that's put well away from where children can reach it."

Commenting on the situation, Roger Odd, head of the Royal Pharmaceutical Society's Practice Division, told C&D. "The Council

have stated that they wish all oral liquid medicines could be put into CRCs. We are waiting to find a suitable container that will take all dispensed medicines."

Mr Odd said discussions were underway between manufacturers of both bottles and caps to find a CRC suitable for all preparations. "I hope a suitable container will be available early next year," he said.



Breast or bottle?

The male partner may ultimately determine whether a baby is breast or bottle-fed; this is one of the more surprising conclusions from research published by Farley's.

It also emerges that 50 per cent of bottlefeeding mothers are engaged in sex again by the time their babies are five weeks old, significantly sooner than their breastfeeding sisters.

A woman's partner is the primary social influence affecting her feeding choice, and his attitude may be the deciding factor when it comes to feeding once a mother and baby are home after birth, say Farley. And 75 per cent of mothers believe bottlefed babies are just as healthy as breastfed children.

Four out of five mothers know how they were fed and follow the same pattern. Only one in four babies is currently breastfed despite two thirds of mothers not going out to work.

"Social and cultural differences play a part in the decision-making process, but campaigns to encourage pregnant women and new mothers to breastfeed, organised by health professionals, may come too late to have any real effect," comments senior product manager for Farley's Ostermilk, Richard Simpson.

The research also showed one fifth of mothers feel unsupported by medical professionals and 77 per cent would support the advertising of baby milks. The research was conducted in two stages with over 550 mothers with children under two.

Upjohn pleased by Europeans Halcion action

Upjohn say they are encouraged by the action of the European Community regarding the use of Halcion tablets in EC member countries. The EC's Committee for Proprietary Medicinal Products formed a working group this week to review Halcion data and to make recommendations by December. The CPMP recommended some labelling changes for Halcion and, in addition, concluded "that evidence of new risks, when used at recommended doses, does not seem to be available."

Upjohn are pleased that the CPMP will be reviewing the scientific data related to Halcion, says chairman and chief executive officer Theodore Cooper, MD, PhD. "We welcome the opportunity to work the CPMP as well as the EC member countries in their review of Halcion data."

The CPMP's recommendation follows presentation to the group's pharmacovigilance committee on October 15 by contingents from the UK's Medicines Control Authority and Upjohn.

The company is satisfied that this decision will enable the CPMP to make a fair and measured review of Halcion data and to avoid what Upjohn maintains was a precipitous action by the UK authorities.

The CPMP invited Upjohn to present data regarding the safety and efficacy of the product at its October meeting. Upjohn has proposed to the CPMP several steps which it intends to pursue, including the addition of smaller package sizes, the implementation of an extensive pan-European post-marketing surveillance study, and certain labelling changes which exist in some countries.



Cox Pharmaceuticals held a golf outing earlier this month in Bangor, co Down, N. Ireland. Winner Paul Campbell (left) from Belfast is presented with his prize by Brian Shaw, sales representative for Cox Pharmaceuticals, and Hugh Savage (right), sales director, KMS (who distribute Cox Pharmaceuticals in N. Ireland)

Oncology Support Team

Glaxo will be funding a national Oncology Support Team to liaise between community health professionals and local hospitals.

The team of six cancer nurses will work under the guidance of oncologist Professor Peter Selby, of St James' University Hospital, Leeds. Its role will include working primarily with hospitals to improve the care cancer patients receive

when transferred back into the community, as well as helping to set up educational, training and support initiatives, primarily to nurses, junior hospital doctors and patient support groups.

If successful, the team may be expanded, say Glaxo. Health professionals can contact their regional Oncology Support Team via Glaxo on 081-990 2197.

Macarthy reject Grampian's final offer

Macarthy have published a defence document strongly rejecting the Grampian offer for the company, claiming it to be "devoid of commercial merit". The beleaguered company attacks Grampian's final bid for being devoid of any cash element.

Macarthy's chief executive Ian Parsons told *C&D*: "We know Grampian and we know what they do. We just could not recommend their paper to our shareholders. Even the modest cash element of the previous bid has now been taken away."

The Macarthy defence document points out that Grampian's net debt has soared from £5.7m in December 1988 to £32m in May 1991.

Macarthy say they are unhappy about the effect of late property deals on the Grampian profit and loss account and some extraordinary losses.

Mr Parsons also questioned Grampian's record as a retailer. "The retail consultancy Management Horizons reported on Grampian for us. We learn they have shabby shops still trading under six different names. They have accumulated these businesses and have put no investment into them". He said that by contrast Macarthy are already investing considerable sums of money in Savory & Moore.

John Read, the chairman of Macarthy, has commented: "The board of Macarthy considers that there is no valid reason why the MMC should refuse to clear both Lloyds and Unichem to re-bid for Macarthy. The board continues to recognise the commercial logic in a merger with either Lloyds or Unichem but is firmly of the view that Grampian's offer is devoid of merit. Moreover, the board seriously questions the quality of Grampian's reported earnings and hence doubts the value of Grampian's ordinary offer to Macarthy shareholders."

Mr Parsons, Macarthy's chief executive accepted that the substance of a *Times* report, which said they were giving Medicopharma 30 days to respond to charges that they are in breach of their supply contract, was true.

He told *C&D*: "We are meeting with Medicopharma in an attempt to resolve the whole situation, including terms." Macarthy said

"The board continues to recognise the commercial logic in a merger with either Lloyds or Unichem..."

they were also writing to national and regional wholesalers to submit terms of supply. "Every year the deal with Medicopharma is renegotiated," he said.

Meanwhile Medicopharma issued a statement totally denying any breach of contract over its supply agreement with Macarthy.



Ian Parsons

Profitline update

Numark have changed their Profitline brochure in response to a perceived need for more detailed product information. Now, each month several pages of profitline will focus on particular product sectors to provide background information on branded products, ranges and offers. Also, more space

is available to describe new Numark own brand products.

"We are constantly looking for ways to help members get the best results from all the lines they carry," says Numark's managing director Terry Norris.

The latest changes follow the relaunch of Profitline in January.

Directors fail to file accounts

Over 1,800 company directors have been convicted for failing to file annual returns and accounts over the past year. Meanwhile, some 105,000 companies were removed from the companies register in 1990-91.

These are two of the main points to emerge from the DTI's annual report on UK companies.

The failure and closure of companies was balanced by the incorporation of around 115,000 new companies, although this was 9 per cent down on the previous year. However, during the year there were 738 applications for investigations into the affairs of companies — the highest ever, says the DTI. The complaints led to some 178 statutory investigations, 6 per cent more than in the previous year.

DTI investigations lead to the winding up of 27 companies, compared with 18 in the year 1989-90.

■ Companies House has become a Trading Fund fund since October 1, to enable it to operate on a more commercial basis and improve its financial management. The DTI says 78.2 per cent of companies were up to date in filing annual returns and accounts as of June this year compared with 81.6 per cent a year earlier.

Signs of recovery in pharmacy sector

Sales in pharmacy are up year-on-year according to the latest figures produced for the CBI/FT distributive trades survey for September. Moreover, the CBI sees this as one of the "flickering signs" of improvement in the High Street.

Some 85 per cent of the pharmacists questioned said their sales volume was up on September last year: no one reported a reduction. And 65 per cent expect October to be better than the same month in 1990, again with nobody expecting sales volumes to drop.

Orders placed with suppliers are also up for pharmacists, with 65 per cent saying they have ordered more last month than a year previously. This is against the general retailing trend however, where 6 per cent more said fewer orders were placed with suppliers.

Pharmacy sales for the time of year were less inspiring, however. No-one is describing their sales for the time of year as good, and 40 per cent say they have been poor. Figures for expected sales for October are flat with 80 per cent expecting the same volume as last year and 20 per cent expecting a fall. Once again, no one is expecting an increase. Volumes of stocks have been too high for sales in September, and the trend is down rather than up in this regard.

For retailing generally the survey shows modest improvement detected in the August figures continuing in September, recording only the second year-on-year increase in sales since the end of last year (April) and the effect of the impending VAT increase, excepted).

The signs of improvement detected by the CBI remain patchy, admits Nigel Whittaker, chairman of the CBI's distributive trades panel.

"While this is the second successive month in which retail sales are reported to be above last year's levels, not all retailers are experiencing this improvement; shops selling electrical and other household goods along with booksellers and stationers report that sales are still well below last year's levels, and clothing retailers have seen August's increase in sales reversed", said Mr Whittaker.

"Among retailers, grocers and confectioners report that sales are up year-on-year, though this improvement is not being experienced throughout the sector."

Glaxo defend patent, and explain agencies

Glaxo have again reached for their lawyers to stop a Canadian generics manufacturer infringing their US patent for Zantac. The move follows a law suit pressed earlier this year against another Canadian manufacturer, Genpharm Pharmaceuticals (C&D April 13, p620).

However, the company involved on this occasion, Novopharm, is reportedly one of Canada's largest generic manufacturers; whereas Genpharm is said to be much smaller.

Novopharm has filed an Abbreviated New Drug Application (ANDA) with the US Food and Drug Administration for a generic form of ranitidine hydrochloride. Form Two of this substance is sold by Glaxo as Zantac. The Novopharm version of the drug has not yet appeared on the market.

A spokesman for Glaxo said: "Glaxo have a policy of vigorously enforcing their intellectual property rights throughout the world. The company's decision to commence another patent infringement action is consistent with this policy."

"Glaxo will respond in the same manner to any other companies which challenge the Form Two patent."

The Genpharm action is still proceeding and Glaxo say they are taking exactly the same approach with the Novopharm action as they did with the earlier alleged infringement of patent.

In essence, the lawsuit hinges on the distinction between the unstable, liquid form of ranitidine, on which Glaxo's patent runs out in 1995, and the stable Form Two which the company has patented up

to 2002. It is understood that both the generics manufacturers are challenging the validity of the patent on Form Two.

Meanwhile, Glaxo Laboratories in the UK have circulated a brochure, "Changes in distribution policy", to pharmacists explaining their new agency arrangements which came into being back on October 1.

All 30 of the company's previous wholesalers are now acting as distribution agents, and the document emphasises that the effect on the pharmacist is likely to be minimal.



Setlers Tums, which with original Setlers are said to account for over 31 per cent of the indigestion tablet market, are now being produced at a new facility at St Helens, Merseyside. For the past four years, following the product's UK launch, the tablets have been produced in the USA, but the new British facility commissioned for Smithkline Beecham Health Care UK can manufacture some 2,000 tablets a minute

Boots transfer marks

Boots have transferred the trade marks of their Childrens World subsidiary to the parent company, the Boots Company plc.

A spokesman for the company told C&D: "There is no change in policy. Normal company practice is for all trade marks to be held by the

parent company. The parent company is the Boots Company. These things take time to do."

Boots declined to comment on recent Press reports that the company is looking to expand into hospital pharmaceutical services.

Government funds for research deemed poor

Only 22 per cent of the general public consider that the current Government spends enough money on scientific research in British universities, according to a Gallup poll commissioned by the Association of University Teachers.

The survey revealed that 90 per cent of the 1,000-plus interviewed thought that increased investment

in higher education as a whole was vital to the economic recovery and future of the UK.

Other results showed that the current Government undervalued the achievements of British universities and 70 per cent were in favour of an increase in taxation to maintain standards and quality of UK universities.

Quest division and confusion

Following Birmingham-based Quest (UK)'s decision earlier this year not to buy supplies from Quest Vitamin Supplies Ltd of Canada, the Canadian manufacturer has announced that its product is still available in the UK, under the Phoenix Nutrition brand name.

The Quest brand name still marketed by Quest (UK) no longer has any connection with their product, insist Quest Vitamin Supplies.

Barrie Carlsen, president of the Canadian company, is particularly concerned to get the message across as he says certain container labels used by Quest UK "erroneously" state that the product is manufactured in Canada.

In addition, promotional material currently being circulated by Quest (UK) to both the trade and

consumers use photographs of the manufacturing plant owned by Quest Vitamin supplies, claims Mr Carlsen.

He is concerned about this as he believes the manufacturing technique used by his company is used by no other.

On the basis that the Quest (UK) promotional material is misleading, Quest Vitamin Supplies say they have "taken steps through their legal advisors to investigate the situation". However, it appears that they have been told that Quest (UK) plan to continue to use the promotional material until it is exhausted. The Canadians say they are considering further action.

COMING EVENTS

Incontinence

The Association for Continence Advice and the British Surgical Trades Association are holding an appliance practitioners course on incontinence.

The course will be held from December 2-5 at Fulbeck Grange, Morpeth, with a follow-up day on March 31 at the Dene Centre.

The course aims to give participants knowledge of the assessment, selection, application and subsequent management of urinary incontinence appliances.

Places are limited. Details from Helen White on 091-284 0480.

Ski Cup

The 18th World Ski Cup for pharmacists will be held on March 24-27, 1992, at Leysin, Switzerland.

The event follows the 21st World Ski Cup for doctors and a package covering bed and breakfast, ski pass and social events is available for four or seven nights.

Entry forms are available from the Tourist Office, PO Box 100, CH-1854, Leysin, Switzerland to be returned by February 1.

Tuesday, October 29

Durham Branch, RPSGB. Eden Arms Hotel, Rushyford at 8pm. "Current topics" by Mr A. Nathan.

Leicestershire Branch RPSGB. Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. PG3 "Pregnancy Testing".

Wednesday, October 30

Sheffield Branch, RPSGB. The Jessop Hospital for Women 7.30 for 8pm (buffet). "Heart and lung transplantation" by Mr T.J. Locke.

Advance information

British Society for the History of Pharmacy. "Guaranteed to cure?" — inventions for healing the human body" by Mr W.A. Jackson, RPSGB headquarters, **November 12.** Details from Dr L.C. Howden on 031-556 4386. **RPSGB.** "Tabletting technology", Holiday Inn Hotel, York, **November 18-20.** Details from Dr J. Clements on 071-735 9141 ext 403.

One roof for Roche and Nicholas

Following the acquisition of Nicholas Laboratories' healthcare business by Roche, (C&D June 8, p961) the company has combined its UK OTC business. It is now operationally based at the Roche headquarters at Welwyn Garden City.

Graeme Hannah has been appointed director and general manager of the new operation, while Trevor Green is the new sales director.

Nevertheless, in the short term the Roche and Nicholas sales teams will operate separately, although there are plans to unify them into a single salesforce by the end of this year.

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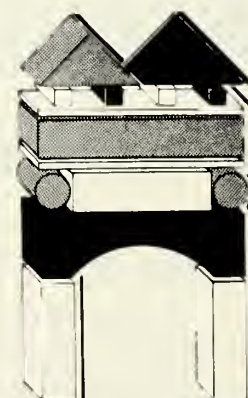
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Continued on next page

Continued from previous page

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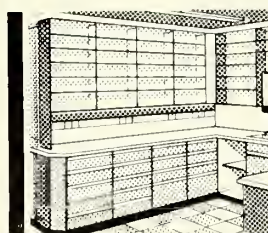
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1162742	ADORN	Preparations for application in spray form for setting the hair.
1169545	AAPRI	Preparations for the hair; dentifrices, depilatory preparations; shampoos, cosmetics and non-medicated toilet preparations, but not including soaps, perfume, cologne, toilet water, bath oils or anti-perspirants.
1182021	SILKIENCE	Perfumes, cosmetics, non-medicated toilet preparations; preparations for the hair, soaps, shampoos, dentifrices; depilatory preparations, anti-perspirants; toilet articles included in Class 3.
1230112	BLACK SILK	Preparations for the hair, in liquid, lotion, gel or in aerosol form.
1268267	SILKIENCE	Preparations for the hair.



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Life in the fast lane

Charwell Pharmaceuticals' Ray Bellm has just come fifth in this year's British Touring Car Championships. But last year when he crashed into a concrete wall at 123mph, he thought his time had come...

Ray Bellm spends half his life as a consultant to Charwell Pharmaceuticals and half as a racing driver. From 1978-86 he ran International Laboratories, who were sold to Sanofi while Charwell kept Migraleve.

Ray's speciality is buying OTC brands for Charwell and he hopes soon to make them one of the top ten OTC companies. But he's finding racing rather more compelling.

"I just love driving," he explains. "There's something very satisfying about doing a perfect lap. I even like driving on the roads but find people get in the way all the time!"

He took up his hobby in 1980 at the age of 30. "All my life I'd wanted to race but my parents were against it. Eventually my wife persuaded them to let me, saying 'If he doesn't do it now he'll do it when you're gone', but she's regretted it ever since because she thought I'd be no good and soon pack it in!"

He started racing historic sports cars — the Le Mans cars of the 1960s — and won the British championships for amateur drivers in 1981, 1982, and 1983. The following year he changed to sports cars and teamed up with Gordon Spice, a British champion touring car driver. With a keen, single-minded manager from Williams Grand Prix Engineering, they went on to win six out of eight world sports car races in 1984.

He explains this apparent overnight success by saying that racing depends 70 per cent on the car and only 30 per cent on the driver. "But I do believe you need a natural ability," he admits. "Some people have a natural sympathy with a car, which is a prerequisite for racing. When teaching new drivers I can tell within 150 yards whether or not they have this flair."

His Spice Engineering team won three world sports car titles between 1985-88, during which he raced at Le Mans five times.

"That has to be the best motor racing experience ever," he says. "It's the longest race track in the world (14kms) and has the longest straight, on which you can reach speeds of 227mph. You do that every three minutes and hold your breath because if you have a



mechanical failure at that speed you're in the hands of God and no-one else.

"There's also a tremendous atmosphere. It's more like a festival than a race. There are parties every night and a fun fair going on during the race — you can smell the hamburgers as you hurtle off down the straight. A massive number of people — some quarter of a million — come to watch, of whom about 50,000 are British. The first year we won we were the only drivers the British had to cheer and the reception we got was wonderful. When they started singing the national anthem it was the only time in racing I've nearly been in tears."

In ten years of racing he has had two bad accidents but — broken nothing other than the cars. The first was at Silverstone when testing a 500hp Can-Am sports car which went out of control at 140mph when a joint broke in the rear suspension.

"I hit the barrier and took off. All I remember was flying backwards in the air looking down over the hoardings. This went on for about 300 yards. When I stopped I just thought, 'Oh, I'm still alive.' I had a whiplash injury in my neck and

my eye was a bit wonky but I sat there for five minutes and was alright. The car was a complete write-off".

The second accident happened last year in Jerez, Spain, while testing some new Italian brakes. He was travelling at 154mph down a straight, put his foot on the brake and nothing happened.

"I managed to reduce my speed slightly but as this concrete wall came towards me I shut my eyes and thought !*!//!!.....this is going to be a big one! There was a massive noise and the fire extinguisher went off, then there was silence. I got out of the car and felt fine."

It was only later he realised he had bruised his heels so badly he could hardly walk and he had trapped a nerve between two vertebrae so that, for three months, if he stood and looked upwards he fell over.

"These accidents seem to happen every five years so I'd better give up before 1995," he jokes, although he admits the second crash gave him a terrible shock. "When you're racing you think you're immortal. You get this amazing sense of security when you're strapped in tight

surrounded by bodywork — even though it's only carbon fibre and plastic. But this accident made me think — hang on, I've got two kids and I could kill myself doing this."

So he changed to touring cars which are much stronger and slower (the top speed is a mere 140mph). Touring car racing is, however, much more aggressive. "In sports cars the races are six hours long and it's a question of making sure you are sympathetic to the car and don't hit anyone. But in touring cars you need to be a real animal. The races are short and very close — there's only half a second's difference in qualifying times between the top ten or so drivers."

After signing a deal with Vic Lee Motorsports, he finished fifth and his team-mate Will Hoy first in this year's British Touring Car Championships. They drove BMW M3s, sponsored by Securicor Omega Express, Listerine and Stoppers.

To run a two car team costs at least £600,000 a year excluding tyres and petrol which are currently provided by Yokohama and Shell. The cars alone cost £150,000 each. Since 1985, the most help has come from Warner-Lambert with Listerine.

"When you start, it's difficult to get sponsors as you've nothing to sell, but as soon as you become successful people want to be associated with you. We have six companies wanting to sponsor us next year but we can only take two. The commercial awareness you can reap from touring car sponsorship is enormous. Every round of the major championships is televised on Grandstand.

His ambition is to live in France, coming back to Britain for the racing, and he already spends much of his life in the South of France "where it's sunny all the time".

He intends to keep on racing until he gets too old. Asked when that is likely to be, he just shrugs his shoulders and grins.



Cimetidine *gets into shape*

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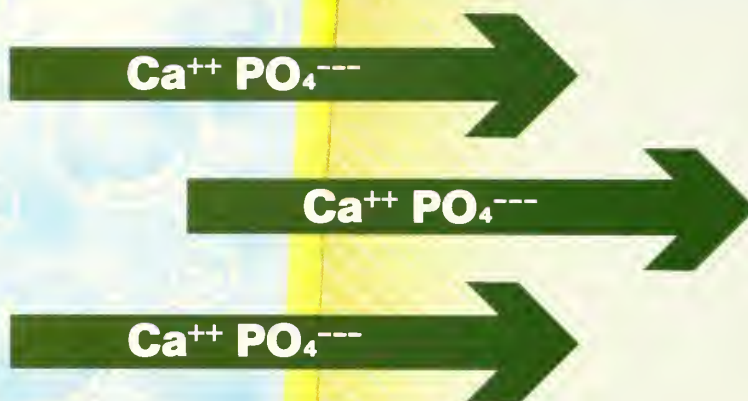
NORTON
Healthcare

BGMA

Gemini House, Flex Meadow, Harlow, Essex. Tel: 0279 426666. Fax: 0279 432110.

New research update

Chewing stimulates saliva to aid remineralisation



Remineralisation – Net inflow of $\text{Ca}^{++} \text{PO}_4^{---}$ into the enamel



Demineralisation – Net outflow of $\text{Ca}^{++} \text{PO}_4^{---}$ from the enamel

After eating, elevated acid exposure can cause an outflow of calcium and phosphate from the tooth enamel, which may lead to demineralisation and decay. It is well documented that saliva has an important role to play in helping to prevent this process.^{1,2,3} A recently published study demonstrated that the chewing of sugar-free gum for 20 minutes after eating stimulates saliva to promote remineralisation of experimental caries-like lesions.⁴

Now a new research study using experimental caries-like lesions has shown that the chewing of sucrose-sweetened gum for 20 minutes after meals and snacks significantly increased the mineral content of the lesions, compared to when gum was not chewed.⁵

While research on sucrose-sweetened gum continues, you can recommend with confidence the chewing of sugar-free gum for 20 minutes after eating to help your patients in the fight against tooth decay.

So consider Wrigley's Extra and Orbit sugar-free gums as valuable adjuncts to thorough brushing with fluoride toothpaste, a sensible diet and regular check-ups in maintaining good dental health.

 **WRIGLEY**
DENTAL PROGRAMMES
The Wrigley Company Ltd, Estover, Plymouth, Devon, PL6 7PR

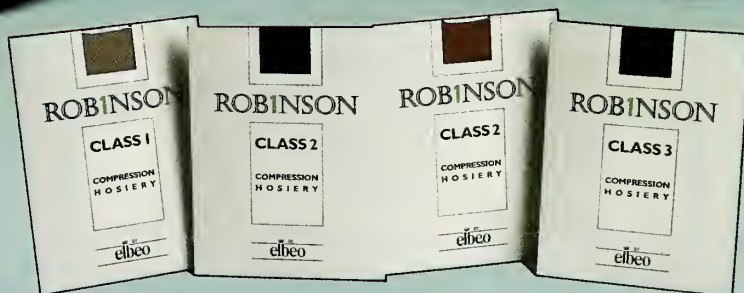
References 1. JADA, 1988, **116** 757-759. 2. Gen. Dent. Pract., 1989, July/Aug. 3. Dental Update Supplement, 1989, 3-15. 4. J. Dent. Res., 1989, **68**(6), 1064-1068. 5. IADR, 1990, Cincinnati, Abstr.1217.

counter

CHEMIST & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

NOVEMBER 1991

Show a leg: shape up
for Winter



BUILDING A WINDOW: PLATFORMS AND PROPS ● NAPPY RASH AND OTHER BABY SKIN PROBLEMS ● TREATING COLD AND FLU SYMPTOMS ● THE SECRET OF RELATED SALES

Calpol® Extra Tablets Product Information

Presentation: Each pink tablet contains 500mg Paracetamol BP, 5mg Codeine Phosphate BP and 10mg Caffeine BP.

Uses: For the relief of pain and feverishness, associated with headaches, colds and influenza, toothache, period pains and rheumatic pains.

Dosage and administration

Adults and children over 12 years: 2 tablets up to four times daily. Not more than 4 doses should be

administered in any 24-hour period; do not repeat dose more frequently than 4-hourly.

Contra-indications, warnings, etc

Contra-indications: Hypersensitivity to any of the constituents.

Precautions: Use with caution in the presence of renal or hepatic dysfunction. No data are available on the use of Calpol Extra tablets in pregnancy and lactation.

Side and adverse effects: Side-effects with Calpol

Extra are rare in therapeutic doses. Paracetamol has been widely used and reports of adverse reactions are rare, and are generally associated with overdosage. Codeine may sometimes cause constipation on chronic usage.

R.S.P. £1.14 for Pack of 12 Tablets, £2.04 for Pack of 24 Tablets.

Legal Category: CD (Sch 5), P.

Further Information: Available on request.



Wellcome

Extra, Extra, read all about it.



For years parents have trusted Calpol to give fast relief from aches, pains and fevers.

Now Wellcome offer that same effective pain relief for adults, with new Calpol Extra.

Each tablet contains paracetamol and codeine, both highly efficient analgesics which work quickly to soothe

away pain associated with headaches, colds, influenza, toothaches, period pains and rheumatic pains.

So, the next time you're asked for fast, effective pain relief recommend new Calpol Extra for adults.

After all, you've been trusting Calpol for years.

**Calpol Extra for Adults
for fast, effective pain relief.**

October 26, 1991

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OVER THE

counter

A CHEMIST & DRUGGIST PUBLICATION FOR PHARMACY ASSISTANTS

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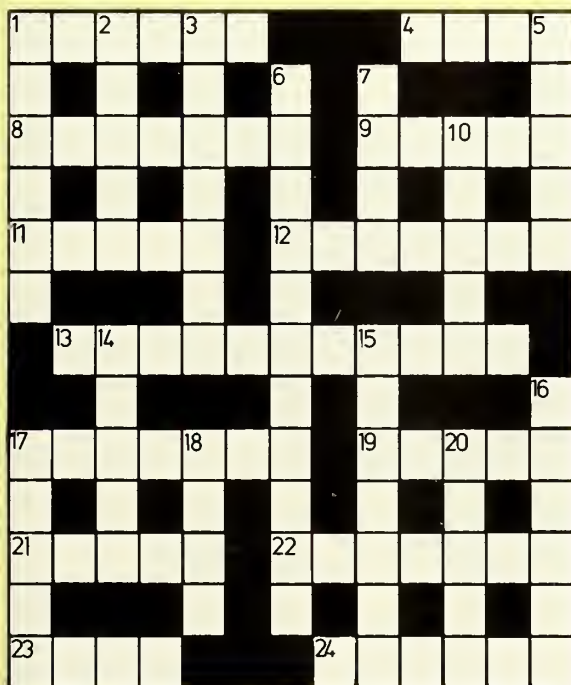
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Verity gives her view of the Halcion withdrawal... and guest cartoonist Martin Honeysett considers the disposable nappy



Cover: Robinson Healthcare's Elbeo — support hosiery with fashion style



Name

Pharmacy

Address

Send entries to Crossword No 6, *Over the Counter*, Chemist & Druggist,
Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW

£250 to be won

The ten readers submitting the first correct entries opened after the November 11 closing date will each win £25.

Entrants must be assistants employed in a registered pharmacy for a minimum of 6 hours in a normal week. Only one entry is allowed from any one person. The solution and the names of the winners will appear in the next issue of *Over the Counter*.

ACROSS

- 1 Helpful words... given by pharmacist (6)
- 4 Brainwave (4)
- 8 Knee cap (7)
- 9 Commonly associated with a cold (5)
- 11 Choose by ballot (5)
- 12 Brand whose new Cough Relief is aimed at kids (7)
- 13 Vitamins and minerals — something additional? (11)
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- 1 Fruit to keep the doctor(s) away (6)
- 2 Bioglan's vitaminised tocopheryl range (4,1)
- 3 Not so hot source of tea-making ingredient (4,3)
- 5 Had muscular pains after exercise (5)
- 6 Painkilling ingredient (11)
- 7 Person from the North of Britain (4)
- 10 Not healthy (5)
- 14 Opposite of rural — like 23 across (5)
- 15 Remove, possibly from malt (7)
- 16 Raging symptom of need for a drink (6)
- 17 J&J's toothbrush for flip-top heads (5)
- 18 Where you might use a stick, gloss or pencil (4)
- 20 Welwyn-based Supradyn manufacturers (5)



Strides ahead

Out of sight, out of mind, is often the attitude towards Winter foot and leg care. But a regular routine will mean better results for the Summer and fewer problems throughout the year

As Winter approaches you'll notice your customers have already swathed their legs in tights and exchanged their Summer sandals for Winter shoes. With feet and legs hidden from view it's all too easy to neglect them during Winter, only to regret it at the first appearance of Spring sun, when emergency action becomes a necessity if feet and legs are to be bared!

Prevention is always better than cure, so try to persuade your customers that regular foot and leg care will pay off in the long run. Feet are one of the most hard working areas of the body — we rely on them every day, and in the course of an average lifetime they will carry us over 70,000 miles! But neglect in youth will bring problems in later life. A simple routine could save a lot of sore feet!

An astounding two thirds of the population suffer from foot problems from time to time, and 70 per cent of these are caused by ill-fitting shoes. So if a customer comes in complaining of foot pain, then your first question should be whether they have ill-fitting shoes. A correct fitting shoe should be about ½ in longer than the foot and the sole should be the same width as the widest part of the foot.

Foot fitness

Foot exercise can also help. Walking barefoot around the house is one of the best — and easiest — types of foot exercise

you can get. Others you can recommend are:

- Rise up and down on toes to strengthen feet and leg muscles
- Rotate feet, drawing a large circle in the air with the big toe
- Point, then flex the foot — this can be done either sitting or standing.

Feet and legs need extra care during pregnancy. Women can expect to gain about two stone in weight during pregnancy, so their feet will be working harder than ever. Hormone changes can cause bad circulation, which may lead to varicose veins. The best way to prevent these is to wear support hosiery and massage legs and feet regularly. Pregnant women should try to avoid standing for long periods and when sitting should try to put feet up to encourage good circulation.

Hormonal changes can cause toenails to grow much faster than normal and formation of patches of hard, dry skin, so extra foot care is necessary.

Weekly pedicure

For feet your customers will be proud to bare, the following routine should be carried out weekly.

- Bathe feet, either in the bath or in a bowl of warm water. Add a few drops of aromatic oil or bubble bath for sweet smelling feet
- Dry feet thoroughly, especially between the toes — moisture here can cause athlete's foot
- Trim nails, cutting straight

across with a nail clipper. Don't cut the corners off as this can lead to ingrowing toe-nails.

Remove any dirt under the nails with a manicure stick covered in cotton wool

- Remove dry or hard skin by softening with a rough skin remover, then lifting away with a pumice stone or skin file

- Massage in a generous amount of rich moisturising cream or a foot lotion

- Spray on a foot anti-perspirant to keep feet sweet smelling all day.

Common complaints

Foot odour is more likely to be suffered by men than women as they have more sweat glands in their feet. Excessive perspiration is caused by a malfunction of the sweat glands and odour is the result of bacteria breaking down the fatty content of perspiration.

Recommend a special foot anti-perspirant and a deodorising shoe insole — a special one for trainers, which can get particularly smelly!

Athlete's foot is a fungal infection which occurs between the toes, resulting in itchy, scaly areas of skin. There are a number of products on the market to cure it, in powder, lotion or cream form.

Corns are caused by pressure from new or ill-fitting shoes. If the pressure continues, the skin will thicken and a hard core of dead skin will develop to produce a corn.

Special pads are available which

help relieve pressure on the corn.

Verrucae are caused by a virus (commonly passed on in public swimming pools) and usually occur on the soles of the feet. Medicated treatment plasters and verrucae creams are available, but if these are ineffective you should recommend the patient sees a chiropodist.

Cold feet are often suffered by the elderly and can result in chilblains. Insulating shoe insoles helps prevent heat loss from feet.

Show a leg

Unless legs are on show it's easy to forget them — until a couple of weeks before your holiday. The best way to keep legs in shape is regular exercise throughout the year. Swimming, cycling, dancing and walking are all good for legs.

Here are a few simple exercises which will help keep legs in shape:

- Lying on your side, support your head with your hand. Bend the supporting leg slightly and raise the top leg about one foot from the ground. Lower slowly and repeat 20 times. Turn over and repeat with the other leg
- Sit on the floor with your legs as far apart as they will comfortably go. Reach forward and touch the farthest spot you can on the floor in front of you. Repeat ten times
- To tone calf muscles stand with legs straight, slightly apart,

continued on p6



HERE ARE 2 MILLION REASONS TO STOCK UP ON ROBINSONS



AND HERE ARE 3 MORE

This year we will be sending out over 2 million free samples of Robinsons Baby Foods. Carefully targeted and personally addressed to reach mothers at important stages in their babies' weaning.

And we've made our Baby Breakfast range even more delicious, so that Banana, Orange and Creamed Porridge all outscore the competition on taste.

Reason enough, we suggest, to ensure that you're well stocked on Robinsons all year round.



THE TASTE OF SUCCESS



and raise yourself up on tiptoes. Hold for a few seconds, then lower. Repeat 30 times

To combat dry, flaky skin on legs exfoliate once a week in the bath using a loofah, paying special attention to knees. Apply a rich moisturiser to still damp skin.

Many women, thin as well as fat, are prone to cellulite. The best way to get rid of it is regular massage with a special mitt. For more severe cases, anti-cellulite vibro-massagers are available.

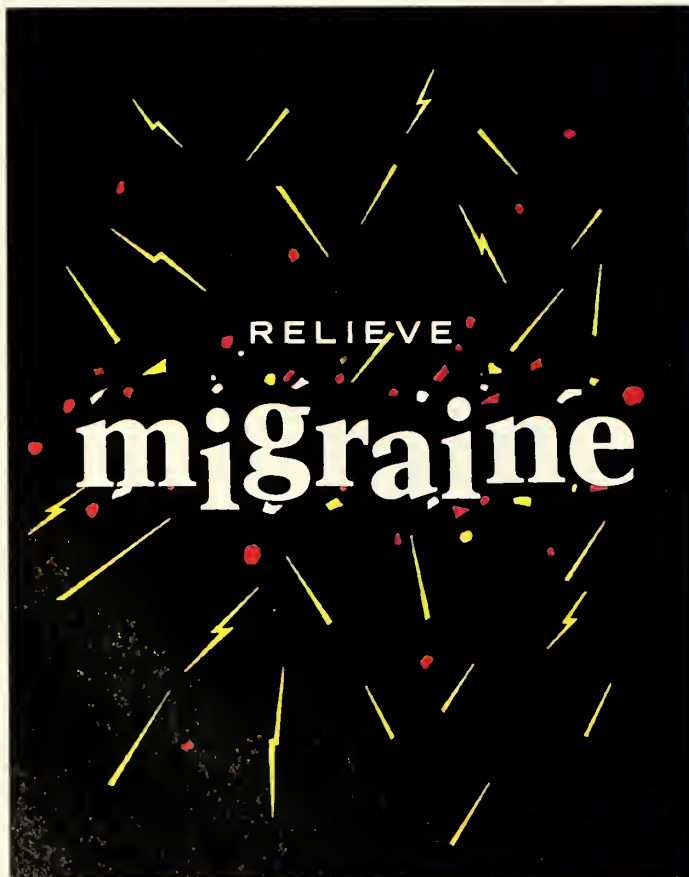
Be a smoothie!

Unless you wear sheer tights throughout the Winter, it's easy to get lazy about hair removal. For lovely legs throughout the year there are many simple, long lasting methods to choose from.

The newest, which claims to last as long as waxing, is electrical depilation, using a gadget that pulls the hair out by the roots. It takes about 20 minutes and results last for up to six weeks. Waxing gives similar results and there are many home kits on the market. Cream or foam depilatories give a smooth result and regrowth is finer than with shaving, but it can be a bit messy.

Pass on these tips and you'll have customers striding confidently into your pharmacy all year round.

Femigraine is a trade mark.



WITH NEW FAST-ACTING
Femigraine



New Femigraine is today's answer to migraine. Pleasant tasting and totally soluble, Femigraine has a special formulation of powerful ingredients to relieve headache and reduce nausea. We're launching it this Autumn with a massive women's press campaign, followed by a TV commercial. The message is simple... for migraine get Femigraine. Make sure that you've got the stock to meet the demand. That way you'll avoid any headaches.

In the fifth article of his six part series, Eric Hunter explains the secrets of related sales, impulse purchase and advocacy selling

Selling skills

5. How to sell more

I wonder how many sales you missed today. You certainly missed some. You see, we all do. And as a sales trainer I'm no exception. There are two distinct ways we regularly miss sales.

Later in this article you'll see how to sell more to each customer — the greatest potential for increasing sales. First, though, think about the other way we miss sales. The sale we miss because we don't realise it is there in the first place.

The customer you didn't speak to. The customer who couldn't wait any longer. Couldn't wait for your attention, or couldn't wait for you to speed up your transaction with another customer.

And what about the "customers" who simply don't come to your pharmacy? Your friends, former classmates, neighbours are all potential customers. How many know where you work? You owe it to yourself and your employer to tell them. After all, people buy from people they like.

Your relatives probably like you, and taken an interest in your career too. Do any live close to your store? Encourage them to shop at your pharmacy — *shop*, not call in for a chat. Ask them to tell their friends where you work too.

Make it easy

Follow this two-step plan, and you can't fail. First; make it easy for your customers to buy, by presenting your merchandise in a clean, neat, tidy and logical manner. Second; make it easy for you to sell by being constantly alert to selling opportunities.

As I go round the country helping firms improve their sales, I am regularly astounded at the illogical way some stores are laid out. Like the pharmacy in a Birmingham suburb where all the goods were displayed in supplier category; so that all Sterling Health products were in one area, all Smith & Nephew in another.

The logic, I am told, is that it makes it easy for the staff. Rule one: **make it easy for the customer**. Worse though, are the stores that fall into one of



Daren't touch... won't touch

two display traps. Displays so neat the customer daren't touch, or so scruffy the customer won't touch.

However, the pharmacy taking the prize for making it difficult to buy more is one close to my home in Halifax. The pharmacy is totally isolated from the shop. It has its own access door, so that for the magic five minutes customers are waiting for their prescription they are exposed, not to the temptation of an impulse purchase, but the joy of reading *Readers Digest*, July 1985.

Make it easy for your customer to buy by presenting your store, yourself, and your merchandise in an attractive manner, and you have cleared the first hurdle. Now make it easy on yourself by being alert to every sales opportunity. Look for related sales. That is, sales related to the item the customer came into the shop for. Or try to trigger an impulse purchase.

Related sales

To sell related items, make positive suggestions and present them confidently. For example, when someone calls in for cough mixture, you might also suggest a decongestant spray, stick, or rub. When they wake up with a blocked nose in the middle of the night, they'll thank you when they find relief is at hand.

If someone buys a shampoo, you have every reason to recommend a complementary conditioner. Sell the benefit the conditioner brings. Perhaps your customer's hair will look better. Perhaps the conditioner will add body to fine hair. By selling the correct conditioner, the customer will see you as *helpful*, not *pushy*.

A good way to sell related items is to **sell as you go**. Don't save related items to the end of the sale. If you've bought a pair of shoes recently, you may have discovered that some shops have taken to the silly idea of trying to sell you polish as you approach the till. (Do you need any polish?) It is *silly* because it is *too late*. As you make up your mind to buy the shoes the assistant should be saying, "And to make sure they look as good as this for months to come you'll need..." Sell as you go, it is far more natural, and effective.

Finally, how to stimulate the impulse purchase. Be alert and be alive! If someone comes in with a strong suntan they might need some aftersun cream. If you see a sting, burn or unprotected wound, offer a salve or some plasters. How often do you hear yourself saying these types of phrases? "That's a nasty cough. Have you tried..." or "Your skin looks dry. It might be worth trying a moisturiser". These are the sort of remarks that impel people to buy products they need.

Good salespeople listen and respond. When someone tells you they are going to Majorca shortly, do you say: "That's great. We've just been to Kos"? Or do you say: "It's likely to be really hot. Suncreams are far cheaper in the UK... Will you be going in the sea? We've got a shampoo that's just right"?

There's a name for this type of selling. It's called advocacy or advocate selling because you advocate or advise customers to take certain actions. There is a body of opinion in the USA which suggests that advocacy selling, undertaken with the customer's interest in mind, is a key reason for customers to return to a particular store.

Would it happen in Britain? I have a client in sports goods retailing which practices advocacy selling. He enjoys a high level of repeat business. Try it. It could work for you. *Eric Hunter is a training consultant with the Halifax-based company Hunter & Co*



Relates sales

Baby skin problems

Community pharmacist Jeremy Clitherow looks at the skin conditions you may be faced with when mums bring their babies into your pharmacy

The skin is the largest organ of the body. It is a protective envelope responsible for keeping invaders out and maintaining the sterility of the inner tissues. It is water and germ-impenetrable, providing it is intact.

The skin of a baby is quite exceptional. To mothers the expression "as smooth as a baby's bottom" has a ring of truth. The skin is smooth. It is also thinner and more sensitive than its mature counterpart. Because the surface to weight ratio of a baby is much greater than that of an older child or an adult, excessive quantities of potent medicaments applied to a baby can easily produce systemic effects.

Sweat glands operate from birth, but their nervous control is not fully developed until some time afterwards. Sweating is a useful function, ridding the body of excessive heat as sweat evaporates. This function is immature in babies and predisposes to temperatures and fevers. Minor temperature elevation will produce fractiousness and tears. Major temperature rises can easily produce fits — febrile convulsions.

The function of sebaceous glands is hormone-dependent. In adults, their influence is implicated in acne and many treatments have been based on this. The baby, however, loses its mother's circulating hormones as soon as it is born and becomes self-sufficient. It is argued that this hormonal upheaval causes the suppression of sebaceous gland secretion, so the skin loses its natural surface lubricant and becomes dry and scaly.

Nappy rash

This generic term is colloquially applied to all skin disorders affecting the genital area hidden behind the nappy. Some are true nappy rashes, others are not. Some are simple dermatoses, others may be complicated by an overgrowth of a yeast, mould, bacteria or virus.

True nappy rash is caused by the irritating effects of persistent moisture, alkalis and ammonia. Its correct medical term is primary irritant napkin dermatitis.

Picture courtesy The Wellcome Foundation Drapolene



A dressing covering any part of the body will cause the underlying skin to become soggy and macerate (soften). Plastic baby pants which do not allow the skin to breathe will inevitably produce maceration in time.

Alkalis are present in soaps, detergents and some antiseptics. Babies bottoms should be rinsed properly and effectively.

Ammonia is liberated from urine by the action of bacteria. Every 100g of protein eaten contains approximately 15g of nitrogen, almost all of which is excreted via the kidneys into the urine as urea, in the form of a copious weak solution. Large volumes of solution need to be voided. The setbacks are dehydration and, naturally, wetness if the patient is not yet toilet-trained (or elderly or incontinent).

The chemical formula for urea is $\text{NH}_2 \cdot \text{CO} \cdot \text{NH}_2$. Under the influence of bacteria a molecule of water splits the molecule of urea liberating two molecules of ammonia gas NH_3 , which, being very soluble immediately dissolves in the surrounding moisture, producing an intensely irritant solution. Warm weather makes the condition worse.

Remedies to reduce the likelihood of nappy rash rely upon breaking the vicious circle of warmth, water, alkalis and ammonia. The area should be kept as cool and dry as possible by means of frequent changing, good quality napkins and scrupulous hygiene. In this way, maceration will be kept to an absolute minimum and the build-up of ammonia reduced.

A word of advice to new mothers never goes amiss. Cost conscious-mums will often use

the tail of the soiled nappy to wipe down the baby's bottom before washing the area. This is a very poor practice and is guaranteed to spread any problems and infections. The best technique is to remove the nappy, take clean, fresh, cotton wool or tissues to extract the debris, then wash with plenty of clean warm water (or oil, if preferred or advised by the health visitor). Proper drying of all the nooks and crannies is essential prior to putting on the new nappy. Many people now recommend that plastic pants should be discarded during the day if possible.

For night-time, a simple protective barrier cream is recommended.

Superabsorbent disposable nappies appear to reduce the problems of nappy rash. They enable a high, rapid absorbency of fluids through a one-way liner. This is then held — even if pressure is exerted ie by the baby sitting down. Odour is minimised too.

True nappy rash presents in

the first instance as a bright red angry eruption. The inflammation is localised on the buttocks and/or thighs and tends not to involve the folds in the groin. Superimposition of, particularly, *Candida* (yeast) infections may change the appearance dramatically and almost overnight. Ulceration can occur giving a crater-like lesion.

If the folds in the groin are not involved it is likely to be true nappy rash — which is, in fact, a form of contact dermatitis. If the folds are bright red and angry, superimposed infection is almost certain.

Atopic eczema

This condition is a type of dermatitis in which the cause may be quite distant from the site of its appearance.

It appears to be a largely inherited disease, typically found in families with a history of allergic disease be it asthma, hay fever or eczema.

Atopic eczema in babies frequently begins on the cheeks at between two and six months of age. Involvement of the buttocks produces acute irritation and unavoidable rubbing. In appearance it tends to be paler and less angry than true nappy rash and has a glistening sheen.

Oral antihistamines and mild external steroid preparations may be prescribed by the doctor. Sedative antihistamines have the hidden benefit of letting the baby sleep — their parents too. Steroids are used with great caution because of the high surface to weight ratio of a baby, the danger being excessive absorption of steroid and the consequent suppression of the adrenal glands.

Seborrhoeic eczema

This condition is associated with *continued on p10*

Some OTC products which help prevent nappy rash

Product	Main ingredients
Conotrane	benzalkonium chloride (antiseptic), dimethicone (barrier)
Cream E45	white soft paraffin, light liquid paraffin, lanolin
Drapolene	benzalkonium chloride (antiseptic)
Kamillosan	chamomile extract
Metanium	titanium dioxide (barrier)
Morhulin	cod liver oil (contains vitamins A & D), zinc oxide (barrier)
Natusan	boric acid, borax (antiseptics)
Savlon nappy rash cream	dimethicone (barrier), cetrimide (antiseptic)
Sudocrem	zinc oxide (barrier) hydrous wool fat, benzyl benzoate
Thovaline	zinc oxide, talc, light kaolin (barriers)
Vasogen	dimethicone, zinc oxide (barriers) calamine



PHARMAX
HEALTHCARE

Watch this space

ANTISEPTIC CREAMS

Just one year after launch Sudocrem 30g tube is now firmly established in the antiseptic cream market, and it's growing fast.

There's nothing better than Sudocrem for scratches, cuts and grazes. Unlike most antiseptic creams, its unique formula not only protects the wound but also helps promote the growth of new skin cells, actively encouraging the healing process.

Nothing should beat Sudocrem for sales either, because we're continuing to invest in our successful Women's press campaign, and on-going trade support.

Remember, Sudocrem is only available from you. So watch that space and keep it stocked up with Sudocrem 30g tubes to make the most of demand.



Fast Aid for Little Emergencies



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excessive production of oily sebum from the sebaceous glands. The exudate is thin at first but develops into a yellowish waxy adhesive flake. In babies it is known as cradle cap. When the nappy area is involved, the groin is well demarked. Unlike allergic or atopic eczema, there is very little irritation and no interference with sleep or feeding.

In traditional cradle cap, a mild shampoo may be sufficient to remove flakes loosened with olive oil or arachis oil. Remedies such as salicylic acid and Lassar's Paste work well. The mother should be advised to watch for superimposing infections and take great care with the baby's hygiene.

Thrush

Thrush is caused by colonisation of the yeast *Candida albicans*. Common sites for proliferation are warm and moist. The vagina, the mouth, the groin and all moist folds are prey to this relatively harmless but uncomfortable invader. A simple nappy rash which becomes infected by thrush will be spectacular in appearance, bright, livid red, shiny and spotted with small beads of white. It is very itchy and will certainly produce scratching. The nails, therefore, become contaminated and sooner or later go into the mouth. *Candida* then passes through the alimentary tract back into the nappy and so on. The antifungal nystatin is the treatment of choice in such widely spread cases.

Lip-licking dermatitis

A minor sore around the mouth is irresistible to children of all ages. They pick, pull and rub it until it is far worse than it was. If the fingers are not clean, or worse, carrying some germs, infection develops. Before that they tend to lick the sore spot, sometimes incessantly. The resulting condition is a cracked, bright red and angry lesion which can easily spread right around the mouth. If the primary lesion receives prompt attention the problem will not arise. If the child tends towards this condition, or is a thumb sucker by nature, regular inspection around the mouth and lips is even more important.

Athlete's foot

Athlete's foot is caused by a fungus which thrives in warm damp situations. Once the infection is present, spores can remain dormant for a very long period, but if the environment is either hostile or inhospitable, the condition will not flare. The solution is, therefore, to ensure



Anyone for tennis, squash, cricket or rugby? That's what Madeline Davies wants to know now she has £500-worth of sports vouchers to spend at Olympus Sport. Squash enthusiast Madeline, of Bowen Rees Pharmacy, St Teilo Street, Pontardulais, won the Crookes Sun E45 competition featured in the May issue of Over the Counter

feet are kept dry. Synthetic socks or booties should be avoided and only natural fibres used.

Babies are unlikely to walk barefoot through changing rooms at football matches or use public showers after rugby matches, but they may walk barefoot at home in the footsteps of someone who has. Should the infection occur within the household, the affected person should immediately treat the condition with one of the excellent proprietary products and restrict use of communal towels until clear of the infection.

Other infections

Impetigo is caused by a localised infection of the *Staphylococcus* organism. Such infections are relatively common in infancy, but occur to a lesser extent with advancing years. Babies are so susceptible is because of their negligible resistance to germ penetration through their

immature skin.

The appearance of impetigo is misleading. At first, small vesicles or blisters develop. These are extremely fragile and are easily ruptured. The released serum and exudates then crust, forming honey-coloured scabs and crusts. The condition is highly contagious. Areas commonly affected are the mouth, nose, cheeks and forehead.

Babies are easy to isolate. Their elder brothers and sisters, if affected, should be kept off school, hygiene given a high priority and individual towels, flannels etc allocated and restricted to the person affected.

Herpes infections produce a variety of clinical responses. The *Herpes* viruses are among the commonest viral invaders of all. They are everywhere. *Herpes simplex* produces cold sores, *Herpes zoster* shingles and *Herpes* variants chickenpox.

Herpes simplex infections are thought to be acquired early,



Nappy changing tips

1. Change a nappy as soon as your baby passes a stool. Don't let baby sit in it or the rash may get worse.
2. Wash baby's bottom with warm water and cotton wool. Baby wipes are good when baby has a clean bottom, but they may irritate rashy skin.
3. Pat the skin dry with a clean towel, do not rub it.
4. Apply a zinc and castor oil cream or a stronger preparation before putting a clean nappy on.
5. Bath your baby often, using a mild soap or bath liquid. There are many special mild formulas available on the market today.
6. Always remember that a baby's skin needs time to breathe. Lie your baby on a towel without a nappy for about 10-20 minutes every day to let the air get to those vital little parts.
7. Most importantly, if after following all these guidelines your baby still has the rash after a few days do contact your pharmacist, family doctor or health visitor. Perhaps baby needs a special cream only available on prescription.

Thanks to the Ultra Togs Advisory Service for the tips

usually before 5 years of age, and may often be traced to a contact in the family or locality. The primary reaction appears as a vesicular rash which erupts spontaneously and is frequently complicated by infection or trauma as the baby rubs the painful lesions. After 14 days or so the eruption subsides. The patient is, however, infected for life. Subsequent trauma and infections will often precipitate another crop of lesions. It is worth remembering that strong sunlight can also produce eruptions in sensitised babies, so leaving the baby in the glare of summer sun could lead to disfiguring cold sores and sleepless nights.

Scabies

The burrowing mite *Acarus scabei* is responsible for this most distressing condition. It is acquired by contact. The female mite is very small, approximately one-fiftieth of an inch in length, whereas the male is only half that size.

The female burrows through the horny layer of the skin, laying two or three eggs per day for several weeks. The eggs hatch into larvae which emerge from their burrows and hide in the adjacent hair follicles.

In adults, the sites most commonly affected are the interdigital webs, between the fingers, and the soles of the feet. Babies, however, will often display the condition on their faces and scalps. The burrows are easily visible as darkish threads under the skin surface.

Initially, a scabies infection is without symptoms. After approximately one month or so the body reacts physically to the invaders and may be said to be sensitised. Intense irritation, worse at night and when warm or in the bath, is the most common complaint from adults. Babies will be seen to be hot, fretful and in discomfort, rubbing the affected parts together or against the cot sides.

The condition is easy to cure but to prevent re-infection, all members of the family should be treated together.

Drug eruptions

Some of the most spectacular skin conditions can be attributable to drug therapy. Tetracyclines, sulphonamides, penicillin, ampicillin, erythromycin, amoxycillin and phenytoin may all produce reactions of one sort or another, from strawberry rashes to giant water blisters. Treatment is usually with antihistamines although occasionally the reaction may be so severe as to require systemic steroids or adrenalin. Future avoidance of the cause, probably for life, will be the rule.

A SUPER COMPETITION COMES TO YOU FROM ULTRA TOGS



Get 'Togged-up' and win an evening for two at a West End show, dinner in a top London restaurant and a night at the Waldorf



Extensive research conducted by Swaddlers Ltd over the past 18 months on their premium nappy brand ULTRA TOGS, has resulted in the launch of an entirely new feature — new ULTRA TOGS with LEAK SHIELDS. New LEAK SHIELDS are two ridges of soft elastic which stand up inside the nappy to form a barrier specially designed to prevent both wet and messy leaks. Without the need for any complicated fastening, the soft ridges fit snugly against the baby's bottom to give the best fit ever.

ULTRA TOGS is the very first premium nappy on the market to offer this LEAK SHIELDS feature and the new packs are now widely available. They are communicated with an impactful on-pack yellow and blue sticker, featuring a diagram that clearly demonstrates the ridges concerned, and with a Prof Togs explanation leaflet inside the pack.

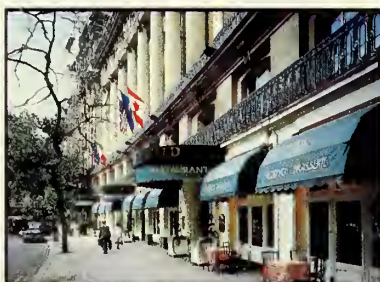
Prof Togs has quickly become a familiar character to the nappy buying public since his TV debut, and is now a well known expert on disposable nappies. Prof Togs recommends all ULTRA TOGS nappies to help mums combat the problem of wet and messy leaks; he especially recommends ULTRA TOGS NEWBORN size, which are unisex, for expectant mums who may not know the sex of their baby. With Prof Togs' help, Swaddlers Ltd will demonstrate to mums that LEAK SHIELDS are a real product improvement not to be without.



COMPETITION PRIZES WILL BE:

FIRST PRIZE

- ◆ A night at a West End show of your choice.
- ◆ Dinner at a top London restaurant.
- ◆ A night at The Waldorf.
- ◆ Travel to and from London.
- ◆ (All subject to availability on the day of your choice)
- ◆ Adult Prof Togs T-Shirt



- ◆ 10 RUNNERS-UP: Adult Prof Togs T-Shirt

1. This competition is not open to employees of Swaddlers Limited, Reed Publishing, or anyone else connected with this competition.
2. The prizes, as stated, will be awarded in order of merit.
3. The judges' decision is final.

4. Entries to be completed in ballpoint pen.
5. Lost or damaged entries not accepted.
6. All entries remain the property of Swaddlers Limited.
7. No cash alternatives.
8. Winners will be notified by post.

Complete the following in no more than 25 words:

"I would recommend NEWBORN ULTRA TOGS with LEAK SHIELDS because:

Entrant's Name _____

Pharmacy's Name _____

Pharmacy's Address _____

_____ Post Code _____

Send this coupon no later than 30th November 1991 to:
ULTRA TOGS/C&D/OTC Competition, PO Box 78, SW18 1PP.

Display

In the first article of a short series which takes us through designing three window displays, designer Beverly Fuller lays the foundations

1. A platform for success

Purpose-made boxes and platforms provide a good foundation on which to build up an interesting display of merchandise in your window. They can be made from almost any material as long as they are strong enough to support the weight of your merchandise without collapsing.

A wood or chipboard surface which will take staples is the most suitable. You can obtain this from any DIY shop. Cut it to the size required, then glue and nail it together. You can also strengthen the corners with Fixit blocks (photo 1).

If you use hardboard or plywood you will need to make it rigid at the joints with a framework of battens. The bottom can usually be left open and will provide a useful storage space for props when not in use. Alternatively, there are a number of companies who will supply ready-made display boxes or strong cardboard tubing of various diameters and lengths. Check out the prices — or persuade your favourite handyman to make them up for you.

Having got the right number of boxes and platforms for the size and shape of your window, you can cover them in any material you wish, such as fabric, PVC, suede, felt or even paper. Make certain you choose the colour and surface finish carefully, to harmonise with your shopfront and interior decor. You can easily change the coverings as needed to catch the mood of the seasons through the year. Follow these guidelines when covering.

Covering a box

First measure the area to be covered and make sure there is enough material for the complete covering before you begin. Start your covering by folding the edge of the material under and staple and stretch neatly along one edge (photo 2). Then by pulling and stretching, smooth out the material evenly all over the box until you join up again with the edge where you started. Fold the end of the material under and staple neatly

along the edge, ensuring that you don't leave any bare patches of wood showing.

Once the sides are fixed, trim off the spare material and staple around the top and bottom of the box folding the corners in squarely and smoothly (photo 3).

Finish off the top with a square of material folded under at the edges and staple down as flat and smooth as possible (photo 4). You can conceal the staples by covering with a strip of ribbon or self-coloured material which matches the covering. This can be fixed with adhesive or pinned as required.

Covering a tube

Your platform can also come in a circular tube shape (photo 5), triangular or multi-sided. Different shapes will require slightly different covering techniques. With a round, tube-shaped platform, for example, start as before by stapling along one side and then stretching the material round the tube until you meet at the starting point again (photo 6).

When joining at the seam cut off the excess material, leaving enough for a slight overlap, fold over and staple along making a straight join (photo 7). Fold the material in at the top and bottom of the tube and staple onto the inside of the tube, so the staples are not visible from the outside.

Finally, the lid of the tube is covered separately. Use the lid as a template to cut the material to size, leaving an overlap all round. Stretch over the lid and staple on the underside. Finish off the stapling then turn the lid right side up so that the staples will not show and the lid should fit neatly on top of the tube (photo 8).

The following section deals with props, how to select them and secure them properly within your display. Next month, we will see how to combine merchandise with props to create the best impact for your window.

Beverly Fuller runs her own display design business and is a part-time lecturer at Uxbridge College, Middlesex



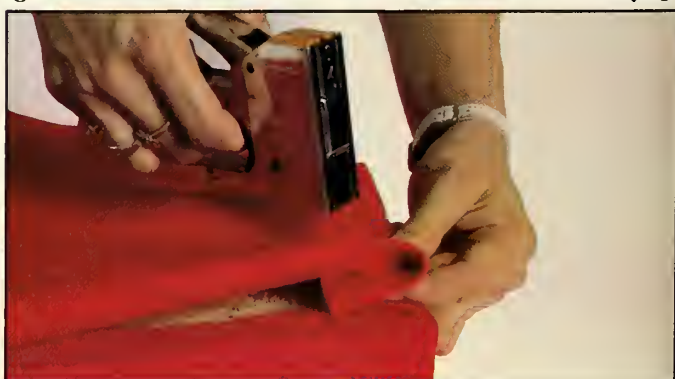
1



2



3



4



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6



7



8

2. Using props

Beverly Fuller now discusses how to add props to your window to hit the right note

Having covered your boxes and platforms they are ready to use in the window (photo 9). Make sure you position them to balance comfortably within your window space and with the rest of the display you have planned.

My first display theme is for baby care products, using leaves and posters as props. Once the covered blocks are placed in position you can then fix the props and posters, in this instance, within an asymmetric format. Ensure there is sufficient space for adding the merchandise at the third stage and allow for the height and width of each group of products on display.

The leaves can be wired together with florist's wire to make tight sprays, then attached with a staple gun or hung with clear nylon thread (photo 10). The posters can be hung by first slotting into the plastic poster slides at the top and bottom and fixing at the back with clear adhesive tape to secure them. Pass nylon thread through the top slide and staple the ends of the thread to the ceiling, or if the ceiling is constructed of suspended panels on metal struts, pass the nylon round the strut and tie securely. Also fasten the poster at the bottom to the platform or floor to keep it rigid.

block or floor to stop them being blown around in a draught.

My third display is based on tubular platforms covered in two tones of green (photo 12). There is no reason why your boxes and platforms should not be covered in different colours and even different materials as long as they harmonise with the rest of the window display. This display has an Autumn or Winter theme and uses baskets, "cuddly toy" squirrels and Autumn leaves for props (photo 13). It provides a useful setting when promoting products for coughs, colds and Winter ills.

When the platforms are in position attach the props as before. The baskets are hung with nylon thread from the ceiling and stapled to the platforms for stability. The leaves are wired together in groups and the squirrels firmly tied on with nylon thread.

continued on p15



9

Different themes

Alternatively you can have fun with your props, using Disney cartoon characters as your theme for a baby or children's window (photo 11). Hang the poster as before and suspend the Mickey, Minnie and Dumbo characters with nylon thread from above, making sure you also fix them to the platform



10

GRAB THE MEDICATED SWEET MARKET BY THE THROAT.

(AGAIN.)



Tunes and Lockets are brands not to be sniffed at. They account for over 55%* of the medicated sweet market, and sales of them treble in winter months.

We'll be maintaining this healthy lead with a £3.5m** advertising campaign. So don't get left out in the cold. Stock up with Tunes and Lockets before the rush begins.





11

Selection and care of props

Try to be selective when buying props and choose those which can be re-used in different ways. Silk or plastic leaves and flowers for example can be reintroduced with various themes at different times of the year. When not being used, store them carefully away in boxes or bags to keep them clean and dust free.

Posters are not so easy to store. They often end up creased or torn, so they are best confined to use in one-off displays. Baskets and containers can often be re-used in combination with other props. They are frequently available in unusual shapes which can be adapted for different display themes.

Soft toys, if carefully selected, can be used in a variety of different product and display settings. Store these in boxes or bags to keep them clean when not in use.

Another way of obtaining one-off display props is to borrow suitable items from one of the other traders in your High Street for a short period. Using their goods in your window can create an unusual display theme and a small acknowledgement card by the display will repay their kindness.

When removing your platforms from the window after use make sure they don't get marked or damaged. After

removing all the staples used to fix the props, store them in a safe place where they will not get knocked.

Next month I will show you how to complete your display and create impact with your merchandise.



12



13

Suppliers list

Fabrics and felts	R.H.J. Sewell, 10-14 Reservoir Road, Ruislip, Middx HA4 7TU
Posters	Athena Galleries, Fine Art Publishers. Branches in most towns.
Flowers and leaves	Peter Harvey, Floral Art Products Ltd, Albany House, Leigh Street, High Wycombe, Bucks HP11 2QU.
Disney characters	Kenleys Ltd, 14 Greville Street, London EC1N 8SB.
Soft toys	Vera Small, 6 Shepherds Bush Road, London W6 7PJ.
Tubular platforms	Woking Tubes Products, 187 Brent Crescent, London NW10 7XR.



Men always seem to make more of a fuss about their ailments. Poor Michael Maladie has a cold...

Michael: "I'm really suffering... I've got a terrible cold... can't breath... can't sleep... what can you recommend?"

Assistant: "You've got a stinker, haven't you."

"Yes, I need a cure desperately." "Unfortunately, we can't offer you one of those, all we can do is relieve the symptoms. You will be better in a week, anyway."

"What about vitamin C?"

"I think the jury is still out on that one. Interferon has been tested and found to work, but it's so expensive and the common cold is such a trivial complaint..."

"Not from where I'm standing, it's not. What can you give me then?"

"To help you sleep we can offer some inhalant capsules, and if the stuffiness is bothering you I would suggest you use a decongestant — there's a choice of nasal drops or spray, or you can take them in tablet form.

However, we don't recommend they should be used for more than two or three days at a time."

"Why's that?"

"When used for long periods they can cause the congestion to return when you stop taking them, but they are useful in the short-term. They are best not used by people with high blood pressure, but I presume that's not a problem in your case."

"No. What about something for aches and pains — my muscles ache all over."

"You can take a simple painkiller for that — we keep aspirin, paracetamol, but if your joints are particularly painful, you might like to try ibuprofen."

"I feel so bad I think I need something for the aches and pains, and a decongestant spray and some inhalant capsules at night, too, so which particular brands would you recommend...?"

COLD FACTS

With most adults suffering colds between three and six times a year, and children generally a few more, you will be no stranger to requests for advice on treating runny noses, blocked sinuses, "the flu" (of which more later) and plain colds.

In magazines like *Over the Counter* it is traditional to talk about cough and cold products in the late Autumn, and to tell pharmacy assistants to prepare for the Winter remedies season. In fact, up to 40 per cent of all colds occur during the "non-

continued on p18



We're delighted with the resp



Well who wouldn't be? The commercial shows how the natural vapours of pine, menthol and cinnamon help unblock a child's nose, allowing him to sleep more easily.

Since it first appeared sales have increased by 25%. And as we're running it again this winter, you can rest assured



se to our latest TV commercial.

ven more mothers are going to be asking for Karvol in future.
o meet this demand, Karvol is available in family packs of
venty as well as packs of ten.

So by stocking up now, you'll ensure everyone has a
etter nights sleep. Including you.



Says goodnight to a child's blocked nose.

Winter" half of the year so colds are really an all year round problem, causing almost one in five of all working days lost in the UK in each year.

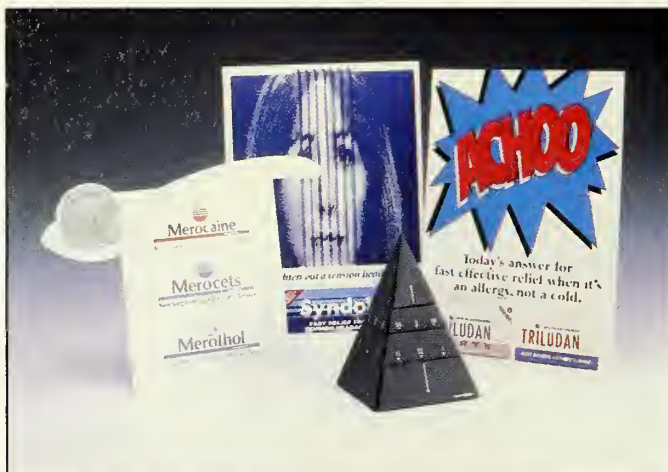
The common cold is caused by a virus, and in most cases by a member of a large family of viruses called the rhinoviruses. Its characteristic symptoms are fever, headache, general malaise, a runny nose, reddened eyes and possibly a sore throat.

If a customer complains of flu and they have made it into the shop to ask you about it, they probably mean they are suffering from a cold — a bout of influenza is something you usually take lying down (see box, page 20).

The old saying: take something for a cold and it lasts seven days, don't take anything and it lasts a week has more than a grain of truth. While the remedies on your pharmacy shelves can do much to ease the symptoms, colds are acute illnesses that don't last very long and which are essentially self-limiting ie they cure themselves.

The common cold is transmitted from one person to another. The period of time from contact until the symptoms make their appearance — the incubation period — is about three days, during which time the virus invades the cells of the mucous membranes in the nose. After this time the nasal membranes swell and begin to discharge the characteristic mucus, effects which together produce the "stuffiness" of a cold. The irritation causes sneezing (which of course helps pass the virus on to the next victim), and the body temperature rises, though there may also be paradoxical shivering.

Sore throats are common at this early stage and are caused either by the inflammation spreading or post-nasal drip, which describes what happens when excess mucus runs down



Merrell Medicines latest prize draw promotion is aimed directly at you, the pharmacy assistant, and is in support of Meroceets, Mercolhol, Meroeaine, Syndol, Triludan and Triludan Forte over the Winter season. All you have to do is read the three information leaflets about the products which are enclosed with entry forms available from representatives. Answer the six questions on the postage paid entry form and the first 200 correct entries drawn on November 15 will win a unique and unusual pyramid eelock

the nasal passages onto the back of the throat.

In most cases, the initial symptoms will gradually subside and the mucus thicken, but in some cases the cold will progress to something requiring more active intervention.

If the mucus produced changes colour to yellow or green, and is associated with increased temperature or a general worsening of the condition, it may be that a bacterial infection has complicated the simple virus cold. Such patients should be referred to your pharmacist. Antibiotics may be required.

In such cases, a progression of the infection up the tubes spreading out from the nose and up to the ears and the associated inflammation — sinusitis — can prove very painful and difficult to treat.

There is no cure for the common cold, but as we said earlier, some of the symptoms can be relieved with OTC medicines and other measures.

Customers should be advised to keep warm, have plenty to eat and drink and stay away from everyone else, if possible!

The aches and pains that accompany a cold can be treated with aspirin (adults only) or paracetamol; these two will also help reduce a fever. If joint pain is a particular problem, ibuprofen may be a sensible

alternative painkiller.

Nasal decongestants constrict the blood vessels in the nose, which has the effect of reducing the amount of discharge and the inflammation, so clearing the passages and making breathing easier.

There are problems associated with their use however. They should not be used in certain groups of patients, notably those with raised blood pressure or heart disease as the blood vessel constriction they cause can raise blood pressure further. Drops and sprays are less likely to have this effect.

They may also be associated with the phenomenon of "rebound congestion" in which congestion reappears after the infection has gone when the decongestant is stopped. For this reason, decongestants, both oral and by nasal inhaler or spray, are best used for only two or three days at a time.

The other group of medicines which you will find in cold preparations are the antihistamines, which are also useful for drying up colds. The chemical histamine is released in many reactions involving inflammation of body tissues. The antihistamines reduce the histamine release and thereby reduce the inflammation.

continued on p20

Some OTC cold remedies

Analgesics

Beechams Hot Lemon

Beechams Powders

Decongestant drops/sprays

Afrazine drops

Dristan spray

Otrivine nasal spray

Vicks Sinex

Oral decongestants

Actifed

Congestez

Contac 400

Galpseud

Sudafed

Inhalants

Flurex inhalent

Karvol

Olbas Oil

Penetrol

Snufflebabe

Vapex

Vicks inhaler

Vicks Vaporub

Wright's Vaporizer fluid

Oral analgesic/decongestant combinations

Benlyn Day & Night

Catarrh-Ex

Coldrex

Day Nurse

Flurex tablets, capsules

Mucron

Night Nurse

Sinutab

Vicks Cold Care

paracetamol

aspirin (capsules: paracetamol)

oxymetazoline

oxymetazoline, inhalant oils

xylometazoline

oxymetazoline, menthol, camphor

triprolidine, pseudoephedrine

azatadine, pseudoephedrine

PPA*, chlorpheniramine

pseudoephedrine

pseudoephedrine (Co: with paracetamol)

menthol, camphor, turpentine oil

menthol, chlorbutol, pine oil, terpineol

menthol, peppermint oil, eucalyptus oil,

wintergreen oil

menthol, cajuput oil, eucalyptus oil

eucalyptus oil, menthol, thyme oil

menthol, eucalyptus oil, camphor

menthol, camphor, methyl salicylate

menthol, camphor, eucalyptus oil

chlorocresol

paracetamol, PPA*, diphenhydramine

paracetamol, pseudoephedrine

paracetamol, phenylephrine

paracetamol, PPA*, dextromethorphan

paracetamol, phenylephrine

paracetamol, PPA*

paracetamol, promethazine,

dextromethorphan

paracetamol, PPA*

paracetamol, PPA*, dextromethorphan

*PPA = phenylpropanolamine

§ This list includes products specifically aimed at the cold remedy market. Many multipurpose analgesics may also be recommended for the aches and pain associated with a cold.



Howard Roylance, 3M senior sales executive, presents one of the six winners of the Micropore Plasters competition, featured in the July issue of Over the Counter, Mrs B Woosey, sales assistant of DJ Poole Ltd of Chester, with £125 worth of Piekfords travel vouchers

Would you recommend a No.2 painkiller to your No.1 customer?



Numerous clinical studies have settled the issue:

Nurofen is one of the most effective analgesics you can recommend for pain. Even your own.

Nurofen (ibuprofen) is more effective than aspirin or paracetamol in relieving headaches, dental pain, period pain, flu symptoms, — in short, most common indications. And, unlike paracetamol and codeine, Nurofen is anti-inflammatory.

This efficacy is accompanied by an equally good safety record. In overdose, Nurofen is safer than either aspirin or paracetamol and has been shown in clinical trials to have a better tolerability profile than aspirin in normal doses.

Also, Nurofen is rapidly excreted and is less likely than aspirin to have an adverse effect on the gastrointestinal tract.

So it's no wonder that Nurofen, supported by a £5 million TV campaign, appeals to more and more people. We hope you recommend it. Because, when you really compare Nurofen to any other analgesic, we think you will come to the inevitable conclusion. There's no comparison.



We invite comparison

Again there are problems associated with their use. The older generation antihistamines such as chlorpheniramine and brompheniramine may cause drowsiness initially, so patients should be warned about this potential side-effect.

Simple inhalant capsules, containing ingredients like menthol, eucalyptus and pine oils can ease breathing, especially at night. They are suitable for adults and particularly for children.

Care should be taken with their use, however. Customers should be told never to put the liquid directly onto the skin as it can burn on prolonged contact. For infants a few drops on a cloth suspended close to the cot is a sensible approach.



Dispensing assistant Val Brown of Paydens in Sevenoaks is off to Madrid after winning the First Response competition in the July issue of Over the Counter. Val receives her prize from product manager Andrew Sharrock and Carter-Wallace area sales manager Norman Rayner

A-Z of common cold remedy ingredients

Aspirin A fever-reducing painkiller suitable for all aches and pains. Not suitable for children under 12.

Azadine Antihistamine. May cause drowsiness

Brompheniramine Antihistamine. May cause drowsiness

Cajuput oil Inhalant

Camphor Inhalant

Chlorocresol Inhalant

Chlorpheniramine Antihistamine. May cause drowsiness

Clemastine Antihistamine. May cause drowsiness

Codeine phosphate Analgesic

Dextromethorphan Cough suppressant

Diphenhydramine Antihistamine. May cause drowsiness

Ephedrine Decongestant, used orally and in drops and sprays. Short-term use only

Eucalyptus Inhalant

Ibuprofen Analgesic suitable for aches and pains, particularly muscle and joint pain

Menthol Inhalant

Methylsalicylate Counterirritant used in rubs; warming effect
Oxymetazoline Decongestant found in drops and sprays. Short-term use only

Paracetamol General analgesic, reducing temperature and relieving aches and pains

Phenylephrine Decongestant. Short-term use only

Phenylpropanolamine Decongestant. Short-term use only

Pine oil Inhalant

Pseudoephedrine Widely used decongestant, said to have less blood pressure raising activity than ephedrine. Short-term use only

Promethazine Antihistamine. May cause drowsiness

Terpineol Inhalant

Triprolidine Antihistamine. May cause drowsiness

Xylometazoline Decongestant found in drops and sprays. Short-term use only

Thanks!

Many thanks to all of our readers who responded to our plea for Help! in the August/September issue. We have incorporated many of your suggestions for future topics into our 1992 schedule. The ten readers who will receive £25 are: **Miss Thuy Nguyen**, c/o Boots the Chemist, Broadway Shopping Centre, Bexleyheath; **Linda Hopkinson**, 8 Derbyshire Drive, Westwood, Notts; **Ajita Shah**, Galen Pharmacy, 28 The Parade, Sundon Park, Luton; **Miss A. Rogers**, M.H. Espley, 7

Castlecroft Road, Westminster Park, Chester; **Mrs Carole Finnigan**, Moss Chemist, c/o Asda, Thornaby Town Centre, Cleveland; **Mrs C.M. Morgan**, Boots the Chemist, 56-58 High Street, Sidcup; **Christine Smith**, C.V. Marshall Ltd, 25 Windsor Terrace, Grangetown, Sunderland; **Mrs A. Taylor**, 305b Gregson Lane, Hoghton, Preston; **Marilyn Barnett**, Stockpoint Ltd, 131 London Road, Hazel Grove, Stockport; **Mrs F. Allaire**, Savory & Moore, 10 David Place, St. Helier, Jersey.

Influenza: the real story

Influenza is a debilitating viral infection as distinct from the flu symptoms your customers will describe when they have a cold. It is associated with major worldwide epidemics — pandemics — which occur roughly every ten years. It is estimated that around 18,000 people, mainly the sick and elderly died during the last epidemic in the UK during the

Winter of 1989-90.

These days, the Autumn is marked by an annual flu vaccination programme, in which those considered to be most "at risk" of catching flu — the elderly and children living in residential homes or other long-stay institutions, people with chronic lung, heart or kidney disease, and diabetes sufferers — are vaccinated with strains of the flu virus predicted to be the most likely to invade in the coming Winter.

Flu is difficult to protect against because of the way the virus changes. The virus has two main parts: the unchanging core and a protein coat. Changes in the protein coat correspond to new strains and, unfortunately, flu viruses change their coats rather regularly.

Protein coats change dramatically — a process known as shifting — or more slowly over a period — drifting. This makes it a difficult job for the World Health Organisation scientists whose job it is to predict the coming season's strains. For 1991-92 the three main strains, which were selected as long ago as February so the vaccines are available, fully tested in October, include two of influenza A and one of influenza B. Jabs are reckoned to be 70 to 80 per cent effective.



For health conscious customersit's the
NATURAL CHOICE

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PRODUCTS AT VERY
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Actifed

cough relief

*soothes and
relieves
children's
coughs*

sugar free

colour free

fruity flavour



Wellcome

1-12 years

The new Actifed is very big on little coughs.

Actifed* Cough Relief Product Information

Presentation: Each 5ml Actifed Cough Relief contains Triprolidine Hydrochloride 0.625mg and Dextromethorphan Hydrobromide 5mg in sugar-free and colour-free base.

Uses: For the symptomatic relief of simple dry, unproductive coughs and other symptoms associated with colds in children.

Dosage and Administration: To be given three or four times a day: Children from 1 year to under 2 years – 2.5ml spoonful, children from 2-5 years – one 5ml spoonful, children from 6-12 years – two 5ml spoonfuls.

Contra-indications, warnings etc: Do not exceed the recommended dosage. May cause drowsiness. If affected do not drive or operate

machinery. Avoid alcoholic drink.

100ml bottle £2.12 RSP (PL3/0275).

Legal Category: P – This product is available for OTC, 'over the counter' purchase from Retail Pharmacists. Further information is available on request.

The Wellcome Foundation Limited, Crewe, Cheshire.



*TRADE MARK **Wellcome**

**THE WELLCOME
FOUNDATION LTD**

WIN £100 IN MARKS & SPENCER VOUCHERS



PAIN RELIEF ON THE

DOUBLE

The body's alarm system

When tissues are damaged or inflamed, they release hormone-like substances called prostaglandins. These stimulate the nerve endings to send pain signals to the brain, telling it that something is wrong. This means that pain is the result of a problem, not the cause. It indicates that there is a part of the body which needs attention, and because it is unpleasant, it discourages us from causing further damage.

Although we dislike pain, it is actually a vital safety mechanism which helps us to protect and care for ourselves.

Pain — the hidden problem

Pharmacists probably get asked more often for pain relief products than almost anything else. Even so, you may be surprised to learn just how many people suffer from recurrent or continuous pain, and of the wide-ranging effects this can have on their lives.

One reason why pain tends to be dismissed as a minor health problem is that there are no visible signs, and many types of pain are mild and temporary. But this ignores the very real problems that some people face.

In order to find out more about people's experiences of pain, Fisons Consumer Health, the makers of Paracodol, commissioned a national survey involving thousands of people. It was carried out in July and August this year by Gallup, the leading research house, and reveals some startling facts.

Living with pain

The survey found that a third of people over 65 had recently suffered such bad pain that they needed to take painkillers for several days at a time. And, even though you might have expected persistent pain to be mainly confined to older age groups, 1:5 of people aged between 16 and 34 said they suffered the same.

It was found that 1:6 of the adult population suffer pain which is severe enough to affect their quality of life. Pain hinders even basic movements such as walking, shopping or climbing stairs, as well as reducing the ability to enjoy sporting activities. In fact, over half the people with recurrent or continuous pain said that it was so bad that it kept them awake at night.

Not surprisingly, pain also interferes with work. Nearly 1:4 persistent pain sufferers aged between 16 and 44 said that they lose more than

five days each month off work. As this is the equivalent of a whole working week, employment chances and career prospects are bound to suffer. All in all, pain was found to have a disturbing impact on people's lives.

The importance of advice

OTC painkillers are designed to relieve the symptoms of pain, rather than the cause. Taken properly, they can minimise temporary discomfort while the body heals, but they won't cure the injury or illness which is actually causing the pain.

This makes it especially important to find out if someone's pain indicates a more serious problem, particularly if that person buys strong painkillers regularly. Customers should be referred to the pharmacist if the pain has lasted longer than a few hours, if it is very severe, if it is located in the abdomen, or if it is due to a fall or an accident.

Unfortunately, many pain sufferers find that their painkiller only offers partial or little relief. Some of them turn to alternative therapies such as acupuncture or herbal remedies, while others try to increase relief by taking more than the recommended dose or using several types of different painkillers at once.

This, of course, can be dangerous, and it is worth advising customers to follow the dosage instructions carefully, especially if stronger pain relief is required.

Recommending a painkiller

There are many OTC products available, containing a variety of different active ingredients, each with their own advantages or disadvantages for different people.

Aspirin, for example, is indicated for mild to moderate pain and feverishness, but is highly

irritating to the stomach lining, and is not advised for people with ulcers or gastric upsets. **Ibuprofen** is often chosen for muscular or period pains, although its side-effects again include stomach irritation.

Note: Asthmatics should consult their doctor before taking aspirin or ibuprofen.

Paracetamol doesn't cause stomach problems and is suitable for people, including children, suffering mild to moderate pain and feverishness. It is important not to exceed daily maximum dosage levels of products containing paracetamol, such as certain cold remedies. Lastly, **codeine**, which is normally found in combination with other pain relievers, enhances pain relief by mimicking the body's own natural pain-relieving substances.

Paracodol contains both paracetamol and codeine, which work in combination to provide more effective relief. It can be recommended for headaches, migraine, neuralgia, toothache, sore throat, muscular and rheumatic pains, flu and cold symptoms, feverishness and period pain. Available in capsules or soluble tablets,

its wide range of applications and fast, effective relief make it the best choice for an increasing number of customers.

An assistants' manual

To help you determine which painkiller to recommend, Fisons Consumer Health have produced an informative manual detailing pain symptoms, product ingredients and points to watch. To obtain a copy of this useful at-a-glance guide, please tick the appropriate box on your competition entry form.



A PARACODOL SPECIAL PROMOTION

WIN £100 IN MARKS AND SPENCER VOUCHERS IN THE PARACODOL PAIN RELIEF COMPETITION!

There are ten prizes of Marks & Spencer vouchers worth £100 each to be won in this special Paracodol Pain Relief Competition.

Simply tick the box or boxes on the panel below to demonstrate your knowledge of pain relief, based on the information given in this article.

If your entry is one of the first ten correct entries picked out after the closing date of November 29, you'll win £100-worth of Marks and Spencer vouchers to spend in time for Christmas!

1. How do painkillers work?

- ☐ They cure the injury causing the pain
☐ They relieve the symptoms of pain

2. What percentage of adults feel that their quality of life is severely affected by pain?

- ☐ 1-2% ☐ 5% ☐ 16%

3. When should you refer pain sufferers to the pharmacist? (You may tick more than one box)

- ☐ When they want capsules rather than tablets
☐ When their pain is caused by an accident
☐ When the pain has lasted longer than half an hour
☐ When they buy painkillers regularly

4. Which two ingredients work together to give fast, effective pain relief in Paracodol?

- ☐ Paracetamol and codeine
☐ Paracetamol and ibuprofen
☐ Aspirin and paracetamol

Please tick box for your free copy of 'Pain and Painkillers — A Pharmacy Assistants' Manual' ☐

Name

Pharmacy name and address

..... Post code:

Pharmacy telephone number

Please send to: Paracodol Pain Relief Competition, Fisons plc, 12 Derby Road, Loughborough LE11 0BB, to arrive no later than November 29th, 1991.

Rules

The competition is open to all pharmacists/pharmacy assistants in Great Britain. The competition is not open to employees or relatives of employees of Fisons plc or their agencies, or of Benn Publications Ltd. The closing date is November 29; winners will be notified by December 20, 1991. The judges' decision is final. No competitor may win more than one prize. Ten prizes of £100-worth of Marks and Spencer vouchers will be given, provided that there are at least ten correct entries. No cash alternative will be offered.

MOHS CASE



Impulse for showers

A gap in the shower gel market for a female-orientated brand was the spur for the launch of Impulse shower gel 200ml £1.59. Aimed at 16-30 year olds, it is "distinctly feminine" and comes in four variants — spring, aqua, coral and opal which, while not replicas of the bodysprays, are designed to complement them. Packs are pearlescent bottles in pastel shades, with the Impulse butterfly motif. A £1.4m Press and poster campaign is running now.
Elida Gibbs. Tel: 071-486 1200

Lubricating shaving gel

Shaving specialists Inverness have added an ultra-lubricating shaving gel to their range. The gel 170g £1.69, which comes in two variants — regular in red and unscented for sensitive skin in blue — has a non-foaming formulation containing aloe vera and allantoin.
Inverness. Tel: 0628 776217



Skin solution

Solution 28 is a two step answer to teenage skin and adult acne with an intensive facial spray 60ml £4.95 and a deep cleansing facial wash 150ml £2.95 designed to work together. The spray contains isolutrol, which is claimed to normalise the over-active sebaceous glands producing the excess sebum that blocks pores causing spots. It should be used twice daily for 28 days or until skin improves, then once daily or several times a week.

A Press campaign will start at the end of the year. For in pharmacy use, a merchandiser and showcards are available.
Fine Fragrances and Cosmetics. Tel: 081-979 8156



Venos more viscous

Venos now has an improved demulcent action offering greater soothing of the irritated throat surface. The new formulation includes nature-identical xanthan gum which makes Venos more viscous, helping it coat the irritated membranes which cause and prolong a cough. Active ingredients, flavours and price are unchanged.

Packaging has been redesigned to incorporate an "improved soothing formula" flash and differentiate the variants. A new television campaign out this month is part of a £1.6 million spend for the brand over the Winter.

SmithKline Beecham Health Care. Tel: 081-560 5151

Actifed for kids coughs

Actifed Cough Relief is designed to soothe and relieve cough in one to 12 year olds. It contains the cough suppressant dextromethorphan and the antihistamine triprolidine to ease the runny nose of an associated cold in a sugar and colour-free fruity-flavoured formulation. Dosage is three or four times daily, from 2.5ml for the one to twos, 5ml for the two to fives and 10ml for the six to 12s. A 2.5ml/5ml double ended spoon is included in the pack 100ml £2.12.

Wellcome Consumer Health. Tel: 0270 583151



Hair extensions

Two special care treatments and a styling range have been added to the Salon Selectives haircare range from Helene Curtis. Type O hot oil treatment is a heat-activated blend of conditioners to be used before shampooing to revitalise hair 4 £1.99. Type D deep moisturising treatment is an intensive protein-enriched conditioner to treat heat damaged, dry or chemically processed hair 150ml £1.99. The styling range comprises aerosol and pump hair sprays, and styling mousses, all in maximum and extra hold, all £1.99.

Food Brokers. Tel: 0705 219900

Be a model for a day with Wash E45



A Winter's tale

Frozen pipes, seized up radiators, unreliable public transport and snow bound villages are regrettably common-place in a British Winter, but for one-in-five Brits, Winter also brings trouble of a different kind. Icy cold winds, overheated rooms, hot bubble baths and layers of heavy clothing can combine to cause or exacerbate dry skin.

Dry skin is skin that feels uncomfortable and taut, especially after washing with soap. It's often sensitive and reacts, therefore to local irritants by becoming red and blotchy, and sometimes sore and itchy.

Caring for dry skin

Dry skin needs special care in the Winter. Therefore customers should be encouraged to use specialist emollient products, which tackle the problem of dry skin by replenishing lost moisture and protecting against further dehydration.

E45, the dermatological skin care range from Crookes Healthcare, is the answer to everyone's mild or severe dry skin problem. There's tried and trusted Cream E45, a rich soothing emollient cream, Bath E45, a rehydrating bath oil, and Wash E45, a non-drying soap substitute.

Washing can be a problem for those with dry or sensitive skin. All soaps, even the non-soap cleansing bars have a drying effect on the skin.

Wash E45 is a non-drying, dermatological washing cream that is free from soap, antiseptics, detergents and perfume. Unlike soap, its unique cleansing action gently lifts and floats off dirt, while preserving the skin's natural moisture. And by reinforcing this protective barrier with a residual emollient film, Wash E45 also helps prevent further dehydration.

Wash E45 is easy to use — simply apply directly onto DRY skin and rinse off with warm water in the bath or shower. It can be used on the face, hands or body, in fact, anywhere, skin feels dry.

Because Wash E45 is allergy-screened to minimise the risk of allergic reaction, it is suitable for washing:

- ☐ dry, itching and rough skin
- ☐ flaking and irritated skin
- ☐ sunburn
- ☐ sensitive skin
- ☐ sore, chapped and broken skin
- ☐ dermatitis, eczema and psoriasis

Besides being available over the counter, Wash E45 can be prescribed for certain dry skin conditions.

Your prize — lights, camera, action!

Are you fed up with candid snap shots of yourself? If so, why not enter our exciting competition. Crookes Healthcare are offering a pharmacy assistant the opportunity of a lifetime... The chance to be pampered, and photographed by a top magazine photographer. As a moment of the day, the winner will be presented with a photographic album, plus a framed photograph for pride of place on the mantelpiece.

Three runner ups will receive a luxurious white towelling robe and samples of Wash E45.



The competition

All you have to do is answer three questions, by ticking the correct answers (more than one answer may be correct). And send to Wash E45 competition, *Over the Counter*, Benn Publications Ltd, Tonbridge, Kent TN9 1RW.

Name

Pharmacy address.....

..... Phone

Which of the following are bad for dry skin:

1. Extremes in temperatures
2. Hot bubble baths and washing with an ordinary soap
3. Unreliable public transport

Why is Wash E45 suitable for dry skin problems:

1. It contains antiseptics.
2. Its free from perfume, soap and detergents
3. Because of its special washing action.

Wash E45 can be used on which parts of the body:

1. All areas, except the face
2. Only on the face
3. All areas of the body.



Rules

1. All entries become the property of Crookes Healthcare Ltd. 2. The competition is not open to employees of Crookes Healthcare or Benn Publications Ltd, their families or the companies' agencies. 3. The closing date is November 30, 1991. 4. Entries received after the closing date will not be accepted. 5. The first correct entry drawn out of the bag after the closing date will be the winner, and subsequent correct entries drawn will be the runners up. 6. The editor's decision is final and no correspondence will be entered into. 7. The winner's name will be available from Crookes Healthcare. 8. Crookes Healthcare reserve the right to publicise the winner's and runners-up names and photographs. 9. The prize must be accepted as offered, there is no cash alternative.



Lite Legs add benefits to relaunched packs

Support hosiery can be stylish — that's the message on new Lite Legs packs, which have been relaunched with an updated logo, lifestyle photographs reflecting a variety of moods, and the onpack line "system support". The pack front also includes a support factor figure — 6 for light, 7 for medium, 8 for firm and 12 for extra firm. The back of the pack explains what the Scholl support system is, outlines the support factors and explains how graduated support works.

The range comprises 15 denier (factor 6) tights in seven colours and stockings in two **£2.75**, 20 denier (7) tights in five colours **£3.25**, 40 denier (8) tights in four colours **£3.85** and 70 denier (12) tights in two colours **£9.95**. Tights come in small, medium and large; stockings are one size only.

Scholl Consumer Products. Tel: 0582 482929



Faster First Response

Carter-Wallace say their relaunched First Response is now the fastest test of its kind, with the waiting time for results reduced from ten minutes to three, with no loss of accuracy. The company says this is important because most ovulation predictor tests are done in the morning when time is at a premium. Packs retain the purple and white colour scheme, with improved speed and accuracy claims on-pack. New POS material is available.

Carter-Wallace. Tel: 0303 850661

New look Adexolin

The Minadex look has come to Adexolin, Seven Seas vitamin drops which recently became prescribable by GPs. The company says it is seeking to give the two brands a corporate identity, although Adexolin retains its lilac, pink and blue colours. Pack sizes are 25ml **£1.99** and 50ml **£3.53**, and each bottle had a measuring pipette marked with two dosage levels. The blackcurrant-flavoured sugar-free formulation of vitamins A, C and D is unchanged.

Seven Seas Health Care. Tel: 0482 75234



Calpol for adults too!

Calpol Extra is a Pharmacy only painkiller for headaches, colds and flu, toothache and period and rheumatic pain in a tablet format for adults. Each pink tablet contains paracetamol 500mg, codeine phosphate 5mg and caffeine 10mg 12 **£1.14** 24 **£2.04**.

"Extra, extra, read all about it" is the theme chosen by manufacturers Wellcome for the Press advertising campaign, which starts this month. For the pharmacy, showcards, shelf edgers and giant packs are available.

Wellcome Consumer Health. Tel: 0270 583151



Non-drowsy Benylin

Warner-Lambert have addressed the drowsiness often associated with Benylin for chesty coughs, replacing diphenhydramine with the expectorant guaiphenesin and soothing menthol in a non-drowsy formulation.

Benylin non-drowsy will have a General Sale List licence, but will only be available through pharmacies. The full Benylin range will be supported by a £2 million national television advertising campaign this Winter. New POS material is available to back the range in-store. Warner-Lambert Health Care. Tel: 0703 620500



Vaporiser for colds

The Mountain Breeze vaporiser **£17.99** releases a traditional blend of natural oils, including menthol and eucalyptus from pads, which, when inserted into the unit, provide vapour for up to eight hours relief from stuffy noses.

The vaporiser has three strength settings, while the refillable pads avoid the need to use messy liquids.

Mountain Breeze. Tel: 0695 21155

Triple target for Andrews Antacid

Heartburn, acid indigestion and trapped wind — the last suffered by almost 70 per cent of indigestion remedy users — are the targets for Andrews Antacid. Tablets contain calcium carbonate 600mg and magnesium carbonate 125mg. One or two can be sucked or chewed as required — they "fizz" on the tongue — up to a maximum of 12 in 24 hours. Packaging is very portable — rolls inside cartons 30 **£1.15** 60 **£2.20**. Promotion includes a £2.5 million television advertising campaign, sampling and instore display. Sterling Health. Tel: 0483 65599

COUNTERTVIEW

BY VERITY

Verity is a real-life pharmacy assistant working full-time in a pharmacy somewhere in the UK, writing about her job as she sees it.



It's been quite a week. That Halcion withdrawal caused quite a stir down our way. It was mainly the elderly we had complaining that they would not be able to get their sleeping pills. One old grump in particular couldn't understand why he couldn't have his tablets — he'd been on them for years and "he wasn't psychotic".

I must say the "Panorama" programme on the subject was very worrying. All we could do was try to reassure patients that there are plenty of alternatives and tell them to go and see their GP. Of course we couldn't really suggest that they ought to get their treatment reviewed — that would undermine confidence in their doctor — but let's hope that this further drug scare prompts the doctors to review them anyway.

Turning to pharmacy matters, we seem to have been inundated recently with new analgesics. Femigraine and Calpol Extra have arrived, while our boss has been stocking up on some new ibuprofen tablets he picked up on at Chemex. I'm not sure what all these extra products are designed to do, apart from clutter up the shelves. Our

stock is falling everywhere! And that doesn't make a good impression on the customer. I'm sure the marketeers have their reasons, but I can't work out what all these products with similar ingredients are supposed to do.

I was talking to *Over the Counter's* editor the other day and he told me there is going to be a new "how to do it" series on window display in this issue. I can't wait. Our window is currently full of Summer's dead flies and is plastered with photographic stickers.

One plea to the manufacturers, though. Can we have some smaller showcards. Our window is one of those with little depth and often we can't physically get display material into the window. If first impressions count, the window is the most important part of the shop, so it makes sense to spend time on it. So please, Mr Manufacturer, think of the small shop as well as the double fronted high street pharmacy when you are planning the next batch of point of sale material. It's your showcase as well as ours!

MEANWHILE...



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The Mentadent P Professional Toothbrush is a unique 3 angled design for maximum all round dental health.

Mentadent P is the most successful Gum Health Toothpaste on the market.

From the pioneers in therapeutic dental care, the first ever mouthwash for gums.



New Mentadent P is the first ever mouthwash designed specifically for gums. So it's unique. Available in distinctive 300ml bottles – in Original and Mint variants – it's the latest product in our gum health system. £750,000 of our £4.2m Mentadent P support package will be spent on its launch. Mentadent P is also premium priced. So while your customers enjoy healthy gums, you can look forward to healthy profits.



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